

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS</u> <u>9000 MACHINISTS PLACE</u> <u>UPPER MARLBORO, MD 20772-2687</u>	1c Effective date of plan <u>01/01/1979</u> 2b Employer Identification Number (EIN) <u>53-6001417</u> 2c Plan Sponsor's telephone number <u>301-967-4716</u> 2d Business code (see instructions) <u>813930</u>

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.	09/29/2025	DORA CERVANTES
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2732
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	661
	6a(2)	677
	6b	1467
	6c	175
	6d	2319
	6e	409
	6f	2728
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS</u>	D Employer Identification Number (EIN) <u>53-6001417</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>895765374</u>	
b Actuarial value	2b	<u>960652871</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1928</u>	<u>609521680</u>	<u>609521680</u>
b For terminated vested participants	<u>174</u>	<u>28878537</u>	<u>28878537</u>
c For active participants	<u>719</u>	<u>168341340</u>	<u>180050927</u>
d Total	<u>2821</u>	<u>806741557</u>	<u>818451144</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.17 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>21746171</u>	
b Expected plan-related expenses	6b	<u>904209</u>	
c Target normal cost	6c	<u>22650380</u>	

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

SIGN HERE Signature of actuary <u>KAREN ZANGARA, FSA, EA</u> Type or print name of actuary <u>CHEIRON, INC</u> Firm name <u>701 EAST GATE DRIVE</u> <u>CHEIRON, INC</u> <u>MOUNT LAUREL, NJ 08054</u> Address of the firm	<u>10/03/2025</u> Date <u>23-06626</u> Most recent enrollment number <u>703-893-1456</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	261308247	20991364
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	261308247	20991364
10	Interest on line 9 using prior year's actual return of <u>6.63</u> %	17324737	1391727
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7714283
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		404228
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		8118511
	d Portion of (c) to be added to prefunding balance		8118511
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	278632984	30501602

Part III Funding Percentages			
14	Funding target attainment percentage	14	79.60 %
15	Adjusted funding target attainment percentage	15	117.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	31426988				
			Totals ▶	18(b)	18(c)
				31426988	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a
	b Contributions made to avoid restrictions adjusted to valuation date	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
		30501754
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	22650380	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	22650380	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	22650380	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	30501754	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7851374	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS	D Employer Identification Number (EIN) 53-6001417	

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

GRAHAM GLOBAL INVESTMENT FUND

06-1398337

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

BALYANSY ASSET MANAGEMENT LP

36-4486492

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

ENTRUST GLOBAL MANAGEMENT

90-0644478

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

BREA IX (DELAWARE) L.P. (GP)

47-2147676

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

TWO SIGMA ADVISORS, LP

35-2191456

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

APOLLO COMMODITIES MANAGEMENT, LP

98-1077143

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

ONEX PARTNERS MANAGER LP

31-1678794

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

ELLIOT INVESTMENT MANAGEMENT L.P.

84-3339129

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

KOHLBERG KRAVIS ROBERTS & CO

30 HUDSON YARDS
NEW YORK, NY 10001

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

EXODUSPOINT CAPITAL MANAGEMENT LP

37-1875900

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

D.E. SHAW OCULUS INTERNATIONAL FUND

375 NINTH AVENUE
52ND FLOOR
NEW YORK, NY 10001

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

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)

MORGAN STANLEY SMITH BARNEY

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 49 50 72 99	NONE	2299138	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)

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	454084	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)

IAM & AW

52-1351022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	SPONSOR	442251	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 28 50	NONE	260121	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)

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	169351	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)

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	148579	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	120452	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)

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	65846	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)

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	51025	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)

BREDHOFF & KAISER, P.L.L.C.

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	40126	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	36851	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY

45 ST. CLAIR AVE WEST
TORONTO, ONTARIO M4V1K9 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	25990	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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25244	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)

BLACKSTONE ENERGY MANAGEMENT ASSOCI

85-1096827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20933	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KOSKIE MINSKY LLP

20 QUEEN ST W
TORONTO, ONTARIO M5H3R3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18381	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)

SALIENT CAPITAL, LP

47-0876033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15867	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)

CENTER COAST CAPITAL ADVISORS, LP

20-8780280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS</u>	D Employer Identification Number (EIN) <u>53-6001417</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB LABOR EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>ASB CAPITAL MANAGEMENT, LLC</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>44485869</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BNYM MELLON DB SL LONG TERM CREDIT</u>		
b Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-062</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>175604729</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BNYM MELLON DB SL LONG BOND INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>167980361</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET 20 YEAR U.S. TREASURY</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-169</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>48887706</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET MSCI JAPAN INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6031472</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ACADIAN EMERGING MARKETS EQUITY FUN</u>		
b Name of sponsor of entity listed in (a):	<u>ACADIAN ASSET MANAGEMENT LLC</u>		
c EIN-PN <u>04-2929221-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>8437207</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN	B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS	D Employer Identification Number (EIN) 53-6001417	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	10508129	10889982
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2361927	2020697
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	556526	544050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3025047	1946149
(2) U.S. Government securities	1c(2)	27011424	30451540
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11125737	10773929
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	311086	326673
(B) Common	1c(4)(B)	10454517	7805347
(5) Partnership/joint venture interests	1c(5)	256108398	272144533
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	462647109	442990137
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	8971141	8437207
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	98826911	92348697
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4107867	7029356

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	896015819	887708297
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	243325	261113
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	243325	261113
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	895772494	887447184

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	31426988	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		31426988
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10420	
(B) U.S. Government securities.....	2b(1)(B)	1129676	
(C) Corporate debt instruments.....	2b(1)(C)	587003	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	560370	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2287469
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	33119	
(B) Common stock.....	2b(2)(B)	696898	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6242350	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6972367
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	74748719	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	74469014	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		279705
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-23214531	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17757888
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		953661
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15707374
c Other income	2c		681530
d Total income. Add all income amounts in column (b) and enter total	2d		52852451

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57045055	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		57045055
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	66452	
(4) IQPA audit fees	2i(4)	54000	
(5) Investment advisory and investment management fees	2i(5)	3082842	
(6) Bank or trust company trustee/custodial fees	2i(6)	25541	
(7) Actuarial fees	2i(7)	182510	
(8) Legal fees	2i(8)	57369	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	663992	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4132706
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61177761

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8325310
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		272144533
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 262752.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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

A Name of plan <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS</u>	D Employer Identification Number (EIN) <u>53-6001417</u>	

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

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

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

1	
---	--

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

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

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

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 11.80 % Private Equity: 4.80 % Investment-Grade Debt and Interest Rate Hedging Assets: 55.30 %
 High-Yield Debt: 0.30 % Real Assets: 10.30 % Cash or Cash Equivalents: 0.70 % Other: 16.80 %

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 _____.

**INTERNATIONAL ASSOCIATION OF MACHINISTS
AND AEROSPACE WORKERS PENSION PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

International Association of Machinists and Aerospace Workers Pension Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
International Association of Machinists and Aerospace Workers Pension Plan:

Opinion

We have audited the financial statements of the International Association of Machinists and Aerospace Workers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits 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 of the International Association of Machinists and Aerospace Workers Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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 the International Association of Machinists and Aerospace Workers Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the International Association of Machinists and Aerospace Workers 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the International Association of Machinists and Aerospace Workers 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 judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the International Association of Machinists and Aerospace Workers 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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Withum Smith + Brown, PC

September 9, 2025

International Association of Machinists and Aerospace Workers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 874,253,568	\$ 882,589,237
Receivables		
Contributions	2,020,697	2,361,927
Accrued interest and dividends	418,588	425,154
Due from broker	-	25,108
Other receivables	<u>87,096</u>	<u>65,269</u>
Total receivables	<u>2,526,381</u>	<u>2,877,458</u>
Other assets		
Prepaid insurance	38,366	40,995
Cash	<u>10,889,982</u>	<u>10,508,129</u>
Total other assets	<u>10,928,348</u>	<u>10,549,124</u>
 Total assets	 887,708,297	 896,015,819
Liabilities		
Accounts payable	<u>261,113</u>	<u>243,325</u>
 Net assets available for benefits	 <u>\$ 887,447,184</u>	 <u>\$ 895,772,494</u>

The Notes to Financial Statements are an integral part of these statements.

International Association of Machinists and Aerospace Workers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 11,484,097	\$ 43,191,929
Interest	2,287,469	9,172,153
Dividends	<u>6,972,367</u>	<u>7,563,472</u>
Total investment income	20,743,933	59,927,554
Investment expenses	<u>(3,082,842)</u>	<u>(2,885,364)</u>
Net investment income	17,661,091	57,042,190
Employer contributions	31,426,988	29,472,313
Currency translation adjustment	<u>681,530</u>	<u>(640,911)</u>
Total additions, net	<u>49,769,609</u>	<u>85,873,592</u>
Deductions		
Benefits paid	57,045,055	56,638,799
Administrative expenses	<u>1,049,864</u>	<u>931,103</u>
Total deductions	<u>58,094,919</u>	<u>57,569,902</u>
Net change during the year	(8,325,310)	28,303,690
Net assets available for plan benefits		
Beginning of year	<u>895,772,494</u>	<u>867,468,804</u>
End of year	<u>\$ 887,447,184</u>	<u>\$ 895,772,494</u>

The Notes to Financial Statements are an integral part of these statements.

International Association of Machinists and Aerospace Workers Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following abbreviated description of the International Association of Machinists and Aerospace Workers Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document and summary plan description for complete information.

General

The Plan was established in January 1, 1979 to provide retirement, disability and survivor’s benefits for eligible participants. The Plan covers the International Association of Machinists and Aerospace Workers (the “International”) elective and appointive officers, representatives and employees; all eligible business representatives, general chairmen and International-approved organizers of Local Lodges on or after December 31, 1960 in a full-time capacity as elected president, secretary-treasurer, dispatcher or organizer or like office or position as determined by the administrators. Effective August 1, 2016, the Plan covers (a) all International elective and appointive officers, representatives and employees (except those employees who are excluded from coverage under the terms of their collective bargaining agreements); (b) all business representatives and general chairmen of Local Lodges and district Lodges; (c) all persons employed by Local Lodges and District Lodges as elected president, elected secretary-treasurer, or as International credentialed organizer and such other groups of employees as determined by the Trustees; and (d) employees of the Transportation Communications Union as set out in Side Letter 2 of the July 6, 2005 TCU-IAM Affiliation Agreement.

The Plan is a defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Benefits

Under current provisions of the Plan, an active participant is eligible for a normal pension if he or she has attained age 60 and has at least 5 years of vesting service or pension service. A participant is eligible for a reduced pension at age 55 with at least 5 years of vesting service or 5 years of pension service. Benefits under the Plan are based on salary and years of service.

Funding

The Plan is financed as described in the Pension Trust Agreement establishing the Plan. Contributions to the Plan are prescribed by the Executive Council pursuant to the Constitution of the International. The Plan’s actuaries determine the adequacy of the contribution rate on an annual basis. As of January 1, 2024 and 2023, the contribution rate was 30% of wages. Contributions made to the Plan in 2024 and 2023 were \$32,537,208 and \$29,472,313 respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

International Association of Machinists and Aerospace Workers Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Accounting Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions which affect the reported amounts of assets, liabilities, and the actuarial present value of accumulated plan benefits, and the disclosure of contingencies, if any. Actual results could differ from those estimates.

Employer Contributions Receivable

Contributions from employers are accrued based upon an analysis of employer remittance reports and subsequent cash receipts. The carrying amount of contributions receivable is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgment in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance was \$0.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further information regarding fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Canadian Currency Transactions

The Plan maintains funds in both the United States and Canada. For financial statement purposes, all assets are expressed in U.S. dollar equivalents. Canadian currencies included in the statements of net assets available for benefits are translated at the exchange rates in effect on the last day of the year. Funds received and disbursed in Canada are translated to U.S. dollars at an average exchange rate for the fiscal year. Unrealized increases and decreases due to fluctuations in exchange rates are included in the currency translation adjustment reported in the statements of changes in net assets available for benefits.

Recognition of Benefits

Benefits are recognized when paid.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through September 9, 2025, the date that the financial statements were available to be issued and no items have come to the attention of management that require recognition or disclosure.

International Association of Machinists and Aerospace Workers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service rendered by plan participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated plan participants or their beneficiaries, (b) beneficiaries of plan participants who have died, and (c) active plan participants or their beneficiaries. Benefits under the Plan are accumulated based on contributions received by the Plan on participants' behalf and past services. Benefits payable under all circumstances are included, to the extent they are deemed attributable to participants' service rendered to the valuation date.

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

The actuarial present value of accumulated Plan benefits as of December 31, 2023 was as follows:

Vested benefits	
Retirees and beneficiaries currently receiving payments	\$ 621,009,297
Active participants	181,330,369
Inactive participants entitled to deferred benefits	<u>30,996,832</u>
Total vested benefits	833,336,498
Non-vested benefits	12,877,968
Administrative expenses	<u>11,423,896</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 857,638,362</u>

The changes in the actuarial present value of accumulated Plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated Plan benefits as of January 1, 2023	<u>\$ 856,912,029</u>
Change during the year attributed to	
Additional benefits earned	22,280,908
Benefits paid	(56,638,799)
Changes in assumptions	(9,388,715)
Actuarial losses	3,470,740
Change in the present value of administrative expenses	260,020
Decrease in discount period (at 4.85%)	<u>40,742,179</u>
Net change	<u>726,333</u>
Actuarial present value of accumulated Plan benefits as of January 1, 2024	<u>\$ 857,638,362</u>

International Association of Machinists and Aerospace Workers Pension Plan
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The significant actuarial assumptions used in the actuarial valuation as of December 31, 2023 were as follows:

- Healthy & Disabled Mortality Rates:

IRS 2024 Generational Mortality Table with scale MP-2021 as published in IRS Federal Register TD 9983.

- Retirement rates for participants hired:

<u>Age</u>	<u>Rate</u>
55-58	4%
59-61	12%
62	25%
63-64	30%
65	40%
66-69	30%
>69	100%

- Investment return – 4.85% for 2024, compounded annually net of investment expenses.
- Salaries and benefits used to determine the liabilities were converted from Canadian dollars to US dollars using a 75.61% exchange rate.
- Salary scale – 3.25% inflation rate multiplied by the age-related merit scale.
- Valuation method – Traditional Unit Credit Method.
- Actuarial value of assets - The market value of assets is calculated over the past 24 months.

The following assumptions have been changed and were effective for the January 1, 2024 valuation:

- The mortality and interest rates were changed to reflect the requirements of the PPA.
- The Canadian exchange rate for the determination of the liabilities as of the valuation date was changed from 73.83% in 2023 to 75.61% in 2024 to reflect the most recent market rates, as provided by Bank of Canada.
- Future administrative expenses changed from 1.32% to 1.35% of the present value of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

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Notes to Financial Statements

December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodology used at December 31, 2024 was not changed from the methodology at December 31, 2023.

- Short-term cash investments: Valued at fair value which approximates cost.
- U.S. Government and government agency obligations: U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. The government agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.
- Corporate bonds and notes and other fixed income: Certain bonds are valued at the closing price reported in the active market in which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
- Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.
- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Forward currency contracts: The fair values associated with the foreign currency contracts have been estimated by valuing the net position of the contracts using the applicable spot rates and forward rates as of the reporting date.
- Common collective trusts, 103-12 investment entities and partnerships are valued at NAV per share. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate the fair value. The NAV of these investments is based on the fair value of the underlying assets held by the fund less its liabilities.

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The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another.

As of December 31, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Short-term investment funds	\$ 1,946,149	\$ -	\$ -	\$ 1,946,149
U.S. government and agency obligations	8,582,120	21,869,420	-	30,451,540
Corporate bonds	-	10,773,929	-	10,773,929
Other fixed income	-	7,170,655	-	7,170,655
Common and preferred stocks	8,132,020	-	-	8,132,020
Mutual funds	92,348,697	-	-	92,348,697
Forward currency contracts	-	(141,299)	-	(141,299)
Investments in the fair value hierarchy	111,008,986	39,672,705	-	150,681,691
Investments measured at net asset value	-	-	-	723,571,877
Total investments at fair value	<u>\$ 111,008,986</u>	<u>\$ 39,672,705</u>	<u>\$ -</u>	<u>\$ 874,253,568</u>

	2023			
	Level 1	Level 2	Level 3	Total Fair Value
Short-term investment funds	\$ 3,025,047	\$ -	\$ -	\$ 3,025,047
U.S. government and agency obligations	6,730,929	20,280,495	-	27,011,424
Corporate bonds	-	11,125,737	-	11,125,737
Other fixed income	-	8,313,469	-	8,313,469
Common and preferred stocks	10,765,603	-	-	10,765,603
Mutual funds	98,826,911	-	-	98,826,911
Forward currency contracts	-	(4,205,602)	-	(4,205,602)
Investments in the fair value hierarchy	119,348,490	35,514,099	-	154,862,589
Investments measured at net asset value	-	-	-	727,726,648
Total investments at fair value	<u>\$ 119,348,490</u>	<u>\$ 35,514,099</u>	<u>\$ -</u>	<u>\$ 882,589,237</u>

The following investments are measured at fair value based on the NAV or NAV equivalent as of December 31, 2024 and 2023:

	2024		2023		Redemption Frequency	Redemption Notice Policy
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments		
103-12 Investment Entity (a)	\$ 8,437,207	-	\$ 8,971,141	-	Daily	10 days
Common collective trusts (b)	442,990,137	-	462,647,109	-	Daily ; semi-monthly	1-2 days
Partnerships (c)	<u>272,144,533</u>	<u>28,172,861</u>	<u>256,108,398</u>	<u>32,172,857</u>	Cannot redeem; Subject to available cash	N/A; 1-91 days
	<u>\$ 723,571,877</u>	<u>\$ 28,172,861</u>	<u>\$ 727,726,648</u>	<u>\$ 32,172,857</u>		

- a) This investment is a 103-12 investment entity in which can be redeemed daily with 10 business days advance written notice. This investment reports as a direct filing entity.
- b) The Plan invested in seven common collective trusts as of December 31, 2024 and 2023. All investments report as direct filing entities and can be redeemed daily.

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- c) The Plan invested in 30 partnership investments as of December 31, 2024 and 2023 respectively. The Plan's investments in the partnership category consists of 28% and 29% as of December 31, 2024 and 2023, respectively, of investments that earn income directly and indirectly from infrastructure assets and assets with similar characteristics located predominantly in the United States and Canada. One investment cannot be redeemed, while the others can be redeemed quarterly or can only be redeemed on non-restricted withdrawal dates. The Plan also has 13% and 12% as of December 31, 2024 and 2023, respectively, of investments in limited partnerships that earn income directly and indirectly from private equity buyouts and private distressed debt buyouts. These investments can be redeemed either monthly or quarterly. The remaining 59% of investments as of December 31, 2024 and 2023, respectively, in the limited partnership category earn income from investing primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence as well as public or private real estate companies or they are hedge funds that invest in a variety of assets, often with complex portfolio construction and risk management techniques. There are certain investments in this category can be redeemed semi-annually to daily, while others cannot be redeemed or require consent by the general partner.

5. 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of assets available for benefits. The Plan minimizes concentration of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure from any one issuer.

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

6. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, 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 the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

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7. TAX STATUS

The Internal Revenue Service (“IRS”) has advised that the Plan qualifies under Section 401(a) of the Internal Revenue Code (“IRC”) and is, therefore, exempt from federal income taxes under the provisions of IRC Section 501(a). However, the Plan is subject to income tax on unrelated business income.

The Plan obtained its latest determination letter on January 29, 2014, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan was qualified as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken and recognize a tax liability if the entity has taken a material uncertain position that more likely than not would be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023 there are no uncertain tax positions taken or expected to be taken that would require recognition in the financial statements as of December 31, 2024.

The Plan is subject to routine audits by taxing and regulatory jurisdictions; however, there are currently no audits in progress for any periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The International, as Plan sponsor, provides certain administrative services to the Plan. During the years ended December 31, 2024 and 2023, the Plan reimbursed the International in the amount of \$325,643 and \$340,777, respectively, for these services provided by the International. The amount due to the International at December 31, 2024 and 2023 was \$34,305 and \$24,057, respectively. The amounts due to the International are included in accounts payable in the statements of net assets available for benefits at December 31, 2024 and 2023 and were settled in the subsequent period. The Plan also pays certain investment and administrative fees directly to service providers, including Morgan Stanley and Truist Bank, the investment custodians for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

9. FORWARD CURRENCY CONTRACTS

The Plan enters into forward contracts to purchase and sell foreign currencies in the normal course of its investing activities to manage the currency exposure associated with the Plan’s foreign cash and fixed income investments. The terms of the contracts generally do not exceed one month. The credit risk associated with these contracts is minimal because they are entered into with a limited number of highly rated counterparties. However, there does exist off-balance-sheet risk.

The Plan reflects the fair value of all forward contracts as an asset or liability in the Plan’s financial statements. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. Such a loss may arise due to: (1) the failure of another party to perform according to the terms of a contract (credit risk), or (2) future changes in market prices which make a financial instrument less valuable (market risk). Derivatives are financial instruments whose values are derived from other financial instruments or market indexes. The Plan is a party to derivative financial instruments with off-balance-sheet risk, in the form of currency index futures contracts.

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A currency index futures contract is an agreement between a seller and buyer to respectively deliver and take delivery of the difference between the original transaction price and the final price of the index at the termination of the contract. There is no delivery of securities, and the full value of the contract is not transferred.

Such contracts involve a risk that the market movement of the underlying financial instrument may not be in the direction forecasted. All changes in the value of open currency index futures contracts are settled on a regular basis, usually daily. This daily settlement process acts to ensure performance of all parties to the investment contracts and mitigates credit risk.

At December 31, December 31, 2024 and 2023, the Plan's derivative activities are as follows:

	2024			
	Number of Contracts	Notional Cost	Notional Fair Value	Fair Value
Asset derivatives				
U.S. dollar forward currency contracts	6	\$ 46,219,416	\$ 46,219,416	\$ 46,219,416
Foreign forward currency contracts	7	\$ 45,642,051	\$ 45,596,772	\$ 45,596,772
Liability derivatives				
U.S. dollar futures contracts	7	\$ 45,642,051	\$ 45,642,051	\$ 45,642,051
Foreign futures contracts	6	\$ 46,219,416	\$ 46,228,948	\$ 46,228,948
	2023			
	Number of Contracts	Notional Cost	Notional Fair Value	Fair Value
Asset derivatives				
U.S. dollar forward currency contracts	10	\$ 64,227,831	\$ 64,227,829	\$ 64,227,829
Foreign forward currency contracts	14	\$ 119,706,875	\$ 108,557,783	\$ 108,557,783
Liability derivatives				
U.S. dollar futures contracts	13	\$ 112,401,405	\$ 112,401,405	\$ 112,401,405
Foreign futures contracts	10	\$ 64,227,831	\$ 64,589,807	\$ 64,589,807

Short-term fixed income securities are held as collateral for the futures contracts. The Plan's daily obligation is the amount of the daily mark-to-market fluctuations.

During the years ended December 31, 2024 and 2023, the Plan recognized net investment income, both realized and unrealized, from hedging activities of \$45,279 and \$11,148,999, respectively, related to asset derivatives and \$9,532 and \$361,979, respectively, related to liability derivatives.

10. CONCENTRATIONS

Financial instruments that subject the Plan to concentrations of credit risk include cash and cash equivalents and investments, which are held by financial institutions. While the Plan attempts to limit its financial exposure, its deposit balances and investments held by financial institutions exceed the limits insured by agencies of the U.S. government. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

SUPPLEMENTARY INFORMATION

International Association of Machinists and Aerospace Workers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #53-6001417, Plan #004
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
Short-Term Cash Investments								
	FEDERATED HERMES TREASURY OBLIGATION	Money Market	N/A	Variable	N/A	\$ 567,220	\$ 567,220	\$ 567,220
	FEDERATED HERMES TREASURY OBLIGATION	Money Market	N/A	Variable	N/A	208,829	208,829	208,829
	FEDERATED HERMES TREASURY OBLIGATION	Money Market	N/A	Variable	N/A	198,078	198,078	198,078
	FEDERATED HERMES TREASURY OBLIGATION	Money Market	N/A	Variable	N/A	2,732	2,732	2,732
	FEDERATED HERMES TREASURY OBLIGATION	Money Market	N/A	Variable	N/A	641	641	642
	MORGAN STANLEY BANK	Cash	N/A	Variable	N/A	466,782	466,782	466,782
	MORGAN STANLEY PRIVATE BANK	Cash	N/A	Variable	N/A	499,020	499,020	499,020
	MS U.S. GOV'T MONEY MARKET TR	Money Market	N/A	Variable	N/A	2,846	2,846	2,846
							<u>1,946,148</u>	<u>1,946,149</u>
U.S. Government Securities								
	U.S. TREASURY BOND	Bonds	N/A	2.88%	5/15/2052	885,000	819,352	618,907
	U.S. TREASURY BOND	Bonds	N/A	3.00%	8/15/2052	180,000	156,265	129,145
	U.S. TREASURY BOND	Bonds	N/A	3.38%	8/15/2042	249,000	232,576	205,537
	U.S. TREASURY BOND	Bonds	N/A	4.13%	8/15/2053	2,224,000	2,036,675	1,980,783
	U.S. TREASURY BOND	Bonds	N/A	4.75%	11/15/2053	431,000	459,186	426,384
	U.S. TREASURY BOND	Bonds	N/A	4.25%	2/15/2054	1,721,000	1,603,149	1,569,982
	U.S. TREASURY BOND	Bonds	N/A	4.50%	2/15/2044	793,000	786,242	756,895
	U.S. TREASURY BOND	Bonds	N/A	4.50%	11/15/2054	227,000	222,540	216,429
	U.S. TREASURY BOND	Bonds	N/A	4.63%	11/15/2044	887,000	885,299	860,044
	U.S. TREASURY BOND	Bonds	N/A	4.00%	7/31/2030	65,000	64,518	63,636
	U.S. TREASURY BOND	Bonds	N/A	3.75%	12/31/2030	114,000	112,433	109,836
	U.S. TREASURY BOND	Bonds	N/A	3.88%	8/15/2034	257,000	253,838	243,004
	U.S. TREASURY BOND	Bonds	N/A	3.75%	8/31/2031	950,000	951,410	910,176
	U.S. TREASURY BOND	Bonds	N/A	4.13%	10/31/2031	502,000	499,098	491,363
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	11/1/2039	28,267	30,476	29,126
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	6.50%	11/1/2037	10,497	10,657	10,644
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	6.50%	10/1/2038	46,359	49,213	47,051
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	6.50%	12/1/2032	23,122	23,599	23,952
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	10/1/2052	155,227	147,405	148,268
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	1/1/2045	27,097	28,151	27,828
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	8/1/2044	36,189	37,806	37,250
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	10/1/2045	18,010	18,411	18,548
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	8/1/2052	232,543	205,655	206,828
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.00%	12/1/2050	301,319	239,808	236,529
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.00%	4/1/2051	324,275	252,377	254,283
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.50%	5/1/2052	1,377,709	1,165,886	1,124,431
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	5/1/2052	403,506	349,396	357,567

See Independent Auditor's Report.

International Association of Machinists and Aerospace Workers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #53-6001417, Plan #004
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value	
		Description	Collateral	Rate of Interest	Maturity Date			Par/Maturity Value
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	4.50%	12/1/2052	1,144,315	1,101,892	1,077,681
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	3/1/2053	238,928	212,580	211,604
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	8/1/2045	56,429	57,679	58,110
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	5/1/2052	257,867	245,055	228,906
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	6/1/2052	250,268	213,050	221,630
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.50%	6/1/2050	1,513,153	1,569,896	1,253,602
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.00%	12/1/2050	906,246	915,450	716,886
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	4/1/2052	951,989	933,544	845,290
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	3.50%	7/1/2052	1,203,748	1,162,463	1,069,831
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	2.50%	5/1/2051	208,648	177,742	170,359
	FED HOME LOAN MTGE CORP GOLD POOL	Bonds	N/A	4.50%	3/1/2046	129,620	142,987	124,711
	FED HOME LOAN MTGE CORP POOL	Bonds	N/A	VAR	10/1/2046	34,101	35,097	35,087
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	7.00%	8/1/2037	14,888	15,601	15,547
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	10/1/2041	8,786	9,741	9,196
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	2/1/2044	15,197	15,753	15,611
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	4/1/2044	14,320	14,920	14,787
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	4.50%	1/1/2042	95,407	104,844	92,499
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	11/1/2045	26,267	27,140	26,882
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	9/1/2045	14,543	14,872	14,889
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	7.00%	7/1/2032	50,840	53,894	52,680
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	9/1/2048	33,724	33,984	34,016
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.00%	11/1/2041	357,136	303,301	297,377
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	4.00%	5/1/2052	265,065	248,177	242,818
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	4.00%	6/1/2052	236,702	216,675	216,670
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.50%	7/1/2050	590,901	613,614	489,544
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.50%	10/1/2050	262,710	278,431	217,644
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.00%	12/1/2050	888,300	926,122	702,299
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.00%	1/1/2051	317,552	330,651	251,129
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	4/1/2052	1,169,854	1,140,425	1,043,662
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	4/1/2052	587,616	544,463	522,525
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	5/1/2052	784,978	765,967	699,871
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	1/1/2051	215,510	212,034	192,809
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	7/1/2052	275,329	274,038	244,809
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.00%	9/1/2042	335,878	303,288	297,212
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	8/1/2052	516,493	448,865	457,628
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	4.00%	7/1/2053	260,622	237,085	238,456
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.50%	11/1/2050	1,023,222	1,067,108	848,507
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	2.00%	2/1/2051	114,758	119,044	90,821
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.00%	2/1/2034	85,133	85,883	87,285

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	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	12/1/2032	127,560	131,297	132,263
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	3/1/2035	86,824	89,300	89,583
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.00%	4/1/2035	41,700	42,266	42,835
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.00%	3/1/2036	37,090	37,224	38,172
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	10/1/2038	18,579	20,719	19,313
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	VAR	10/1/2038	11,720	12,350	11,908
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	12/1/2038	6,385	6,896	6,650
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	5/1/2052	484,184	440,014	429,123
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	6/1/2052	121,999	110,552	108,076
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	3.50%	7/1/2052	307,835	289,148	272,828
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	4.00%	10/1/2052	230,388	212,101	211,012
	FEDL NATL MTGE ASSN POOL	Bonds	N/A	6.50%	8/1/2039	10,256	11,163	10,584
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	7.50%	10/25/2040	91,861	94,330	92,466
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	3.00%	3/15/2043	383,987	339,487	340,185
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	3.00%	7/25/2041	253,654	222,413	229,308
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	2.50%	4/25/2050	335,275	291,270	283,351
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	VAR	7/25/2033	105,515	112,377	99,620
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	7.00%	12/25/2041	59,182	61,829	59,710
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	7.00%	9/25/2041	37,594	40,425	37,379
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	7.00%	10/25/2042	50,311	53,919	53,089
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	7.00%	2/25/2043	267,953	272,684	274,566
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	6.50%	8/25/2044	111,421	114,616	114,819
	FEDERAL HOME LOAN MORTGAGE CORP	Bonds	N/A	6.00%	7/15/2036	49,130	54,242	50,973
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	5.50%	6/25/2037	52,873	57,754	54,139
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	N/A	5.00%	3/25/2040	214,328	234,652	215,280
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	12/20/2066	252,495	253,476	252,632
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	10/20/2068	247,884	246,222	246,647
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	1/20/2070	635,599	633,981	635,345
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	5/20/2069	74,745	74,683	75,022
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	12/20/2071	212,528	216,705	211,485
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	4/20/2072	239,566	240,907	236,823
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	4/20/2072	423,200	424,608	419,552
	GOVERNMENT NATIONAL MORTGAGE ASSN	Bonds	N/A	VAR	5/20/2072	140,230	140,993	140,584
	SMALL BUSINESS ADMINISTRATION	Bonds	N/A	5.87%	5/1/2026	9,465	9,465	9,453
	SMALL BUSINESS ADMINISTRATION	Bonds	N/A	5.32%	4/1/2027	11,456	11,456	11,358
	UNITED STATES TREASURY BONDS TREASURY INFLATION INDEX	Bonds	N/A	1.50%	2/15/2053	306,886	259,143	245,696
							<u>32,842,163</u>	<u>30,451,540</u>

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Corporate Bonds and Notes								
	AT&T INC	Bonds	N/A	2.55%	12/1/2033	150,000	122,951	120,830
	AMERICAN ELECTRIC POWER	Bonds	N/A	1.30%	8/15/2025	60,000	59,731	60,259
	ANTHEM INC	Bonds	N/A	2.88%	9/15/2029	75,000	68,219	68,219
	BAT CAPITAL CORP	Bonds	N/A	6.42%	8/2/2033	100,000	99,800	105,694
	BAT CAPITAL CORP	Bonds	N/A	2.73%	3/25/2031	150,000	149,661	129,443
	BAT CAPITAL CORP	Bonds	N/A	4.74%	3/16/2032	100,000	97,351	96,186
	BANK OF AMERICA CORP	Bonds	N/A	4.25%	10/22/2026	125,000	123,833	123,928
	BANK OF AMERICA CORP	Bonds	N/A	4.18%	11/25/2027	150,000	167,942	147,239
	BANK OF AMERICA CORP	Bonds	N/A	VAR	2/13/2031	50,000	39,356	43,965
	BANK OF AMERICA CORP	Bonds	N/A	VAR	3/8/2037	250,000	235,488	221,450
	BANK OF NY MELLON CORP	Bonds	N/A	VAR	10/25/2033	75,000	74,363	77,672
	BANK ONE CAPITAL	Bonds	N/A	8.75%	9/1/2030	225,000	224,813	264,742
	BOSTON PROPERTIES LP	Bonds	N/A	3.65%	2/1/2026	85,000	87,696	83,777
	BOSTON PROPERTIES LP	Bonds	N/A	4.50%	12/1/2028	150,000	151,417	145,958
	BOSTON PROPERTIES LP	Bonds	N/A	3.25%	1/30/2031	80,000	75,101	70,350
	BOSTON PPTYS LTD	Bonds	N/A	6.75%	12/1/2027	50,000	51,153	52,139
	CCO HOLDINGS LLC	Bonds	N/A	4.50%	5/1/2032	200,000	164,275	172,032
	CIGNA CORP	Bonds	N/A	4.38%	10/15/2028	125,000	123,134	122,535
	CVS HEALTH CORP	Bonds	N/A	4.30%	3/25/2028	15,000	16,766	14,534
	CVS HEALTH CORP	Bonds	N/A	4.78%	3/25/2038	75,000	77,738	64,850
	CVS HEALTH CORP	Bonds	N/A	4.13%	4/1/2040	22,000	21,629	17,184
	CVS HEALTH CORP	Bonds	N/A	VAR	3/10/2055	125,000	125,938	125,420
	CAPITAL ONE FINANCIAL CO	Bonds	N/A	4.20%	10/29/2025	75,000	75,785	74,509
	CAPITAL ONE FINANCIAL CO	Bonds	N/A	3.75%	7/28/2026	75,000	77,976	73,606
	CAPITAL ONE FINANCIAL CO	Bonds	N/A	VAR	5/10/2033	100,000	100,359	97,378
	CAPITAL ONE FINANCIAL CO	Bonds	N/A	VAR	2/1/2034	100,000	94,703	100,433
	CAPITAL ONE FINANCIAL CO	Bonds	N/A	VAR	10/30/2031	50,000	50,126	55,206
	CHARTER COMM OPT LLC/CAP	Bonds	N/A	6.48%	10/23/2045	325,000	354,954	307,099
	CHARTER COMM OPT LLC	Bonds	N/A	5.75%	4/1/2048	175,000	197,519	149,597
	CITIGROUP INC	Bonds	N/A	VAR	3/31/2031	125,000	143,154	120,146
	DOMINION ENERGY INC	Bonds	N/A	1.45%	4/15/2026	75,000	74,939	71,936
	ELANCO ANIMAL HEALTH INC	Bonds	N/A	5.90%	8/28/2028	100,000	104,125	101,384
	FORD MOTOR CREDIT CO LLC	Bonds	N/A	5.13%	6/16/2025	350,000	383,125	349,776
	FORD MOTOR CREDIT CO LLC	Bonds	N/A	4.95%	5/28/2027	200,000	186,000	198,176
	FORD MOTOR CREDIT CO LLC	Bonds	N/A	4.54%	8/1/2026	200,000	218,000	197,708
	GE HEALTHCARE TECH INC	Bonds	N/A	5.91%	11/22/2032	100,000	103,458	103,894
	GOLDMAN SACHS GROUP INC	Bonds	N/A	VAR	3/15/2028	250,000	250,000	243,108
	HCA INC	Bonds	N/A	4.13%	6/15/2029	50,000	46,284	47,691

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	HCA INC	Bonds	N/A	5.13%	6/15/2039	50,000	50,203	45,564
	JPMORGAN CHASE & CO	Bonds	N/A	VAR	4/22/2031	200,000	200,367	176,192
	JPMORGAN CHASE & CO	Bonds	N/A	VAR	5/13/2031	375,000	354,152	335,441
	KINDER MORGAN ENERGY PARTN	Bonds	N/A	6.95%	1/15/2038	50,000	54,738	54,177
	KINDER MORGAN INC/DELAWA	Bonds	N/A	5.55%	6/1/2045	200,000	205,834	186,920
	NEXTERA ENERGY CAP HLDGS I	Bonds	N/A	6.05%	3/1/2025	25,000	25,063	25,042
	NEXTERA ENERGY CAPITAL	Bonds	N/A	5.75%	9/1/2025	25,000	24,995	25,155
	NEXTERA ENERGY CAPITAL	Bonds	N/A	4.63%	7/15/2027	100,000	99,961	99,864
	NEXTERA ENERGY CAP HLDGS I	Bonds	N/A	4.90%	3/15/2029	125,000	124,725	124,608
	PHILIP MORRIS INTL INC	Bonds	N/A	5.63%	11/17/2029	20,000	19,983	20,600
	PHILIP MORRIS INTL INC	Bonds	N/A	5.75%	11/17/2032	25,000	24,978	25,706
	PHILIP MORRIS INTL INC	Bonds	N/A	5.38%	2/15/2033	75,000	74,845	75,146
	RELX CAPITAL INC	Bonds	N/A	4.75%	5/20/2032	50,000	49,561	48,695
	CHARLES SCHWAB CORP	Bonds	N/A	VAR	5/19/2029	50,000	49,916	51,011
	CHARLES SCHWAB CORP	Bonds	N/A	VAR	5/19/2034	25,000	25,081	25,734
	CHARLES SCHWAB CORP	Bonds	N/A	VAR	8/24/2034	50,000	50,389	52,496
	CHARLES SCHWAB CORP	Bonds	N/A	VAR	11/17/2029	100,000	100,697	104,238
	SOUTHERN CO	Bonds	N/A	VAR	1/15/2051	255,000	248,413	249,885
	SOUTHERN CO	Bonds	N/A	VAR	9/15/2051	250,000	231,250	239,405
	SOUTHERN CO	Bonds	N/A	4.85%	6/15/2028	150,000	149,772	150,236
	T-MOBILE USA INC	Bonds	N/A	3.88%	4/15/2030	350,000	334,859	329,347
	T-MOBILE USA INC	Bonds	N/A	2.55%	2/15/2031	75,000	63,485	64,513
	TIME WARNER CABLE INC	Bonds	N/A	7.30%	7/1/2038	100,000	109,381	101,733
	VMWARE INC	Bonds	N/A	1.40%	8/15/2026	75,000	74,873	71,048
	WELLS FARGO & COMPANY	Bonds	N/A	4.10%	6/3/2026	100,000	100,016	98,917
	WELLS FARGO & COMPANY	Bonds	N/A	4.30%	7/22/2027	75,000	75,477	73,997
	WELLS FARGO & COMPANY	Bonds	N/A	VAR	3/2/2033	125,000	108,187	109,581
	WELLS FARGO & COMPANY	Bonds	N/A	VAR	7/25/2033	75,000	75,000	72,433
	WELLS FARGO & COMPANY	Bonds	N/A	VAR	1/23/2030	100,000	100,000	100,285
	BAYER US FINANCE LLC	Bonds	N/A	6.50%	11/21/2033	200,000	200,446	203,482
	BAYER US FINANCE II LLC	Bonds	N/A	4.38%	12/15/2028	200,000	198,995	192,336
	CCO HLDGS LLC/CAP CORP	Bonds	N/A	4.50%	6/1/2033	125,000	127,031	105,174
	CCO HOLDINGS LLC/CAP CORP	Bonds	N/A	4.25%	1/15/2034	25,000	25,050	20,282
	COX COMMUNICATIONS INC	Bonds	N/A	5.70%	6/15/2033	125,000	124,635	124,183
	FORD CREDIT AUTO OWNER TRUST ASSET	Bonds	N/A	5.10%	4/15/2029	122,000	121,999	123,425
	HONDA AUTO RECEIVABLES OWNER ASSET	Bonds	N/A	4.57%	3/21/2029	126,000	125,980	126,107
	HYUNDAI AUTO RECEIVABLES TRUST ASSET	Bonds	N/A	4.42%	5/15/2029	130,000	129,990	129,461
	ILLINOIS STATE GENERAL OBLIGATION	Bonds	N/A	5.10%	6/1/2033	258,824	262,001	255,172
	NAVIENT STUDENT LOAN TRUST	Bonds	N/A	VAR	3/25/2066	627,351	635,977	631,937

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	NISSAN AUTO RECEIVABLES OWNER ASSET	Bonds	N/A	5.10%	3/15/2029	127,000	126,988	126,491
	RIO OIL FINANCE TRUST	Bonds	N/A	6.75%	1/6/2027	210,734	233,057	217,935
	SLM STUDENT LOAN TRUST	Bonds	N/A	VAR	1/25/2041	229,043	223,800	224,171
	SLC STUDENT LOAN TRUST	Bonds	N/A	VAR	12/15/2039	219,021	213,374	215,610
	SLC STUDENT LOAN TRUST	Bonds	N/A	VAR	2/15/2068	325,525	305,625	320,141
							<u>11,080,011</u>	<u>10,773,929</u>
	Other Fixed Income							
	CALIFORNIA STATE	Bonds	N/A	7.50%	4/1/2034	90,000	92,678	102,677
	CALIFORNIA STATE	Bonds	N/A	7.55%	4/2/2039	35,000	43,157	41,371
	CALIFORNIA STATE	Bonds	N/A	7.30%	10/1/2039	75,000	116,648	85,396
	BNP PARIBAS	Bonds	N/A	VAR	8/12/2035	300,000	244,121	251,199
	BARCLAYS PLC	Bonds	N/A	4.84%	5/9/2028	300,000	287,674	294,726
	BARCLAYS PLC	Bonds	N/A	VAR	9/13/2029	200,000	200,000	208,018
	CMEX SAB DE CV	Bonds	N/A	5.45%	11/19/2029	200,000	195,700	197,304
	REPUBLIC OF COLOMBIA	Bonds	N/A	5.63%	2/26/2044	200,000	146,750	147,000
	REPUBLIC OF COLOMBIA	Bonds	N/A	3.13%	4/15/2031	200,000	160,500	158,700
	ENEL FINANCE INTL	Bonds	N/A	5.00%	6/15/2032	225,000	184,849	219,042
	HSBC HOLDINGS PLC	Bonds	N/A	6.50%	5/2/2036	225,000	238,164	233,699
	HSBC HOLDINGS PLC	Bonds	N/A	VAR	11/3/2033	200,000	203,946	224,914
	HSBC HLDGS PLC	Bonds	N/A	VAR	6/20/2034	200,000	197,552	206,236
	IMPERIAL BRANDS FIN PLC	Bonds	N/A	3.88%	7/26/2029	450,000	490,010	425,187
	IMPERIAL BRANDS FIN PLC	Bonds	N/A	6.13%	7/27/2027	250,000	247,390	256,693
	LLOYDS BANKING GROUP PLC	Bonds	N/A	4.58%	12/10/2025	200,000	204,276	199,054
	MYRIAD INTL HOLDINGS BV	Bonds	N/A	4.85%	7/6/2027	200,000	200,000	196,130
	NATWEST GROUP PLC	Bonds	N/A	VAR	6/14/2027	350,000	344,552	333,967
	NATWEST GROUP PLC CONVERTIBLE	Bonds	N/A	VAR	9/13/2029	200,000	202,756	203,944
	PETROLEOS MEXICANOS	Bonds	N/A	6.70%	2/16/2032	384,000	343,807	334,061
	PETROLEOS MEXICANOS	Bonds	N/A	6.75%	9/21/2047	195,000	187,507	134,057
	PETROLEOS MEXICANOS	Bonds	N/A	7.69%	1/23/2050	650,000	512,133	490,425
	PROSUS NV	Bonds	N/A	3.06%	7/13/2031	450,000	438,000	377,757
	PROSUS NV	Bonds	N/A	4.99%	1/19/2052	225,000	212,768	175,156
	TRANSCANADA TRUST	Bonds	N/A	VAR	5/20/2075	100,000	96,500	99,198
	TRANSCANADA TRUST	Bonds	N/A	VAR	8/15/2076	225,000	199,719	222,001
	TRANSCANADA TRUST	Bonds	N/A	VAR	3/15/2077	150,000	150,891	143,540
	TRANSCANADA TRUST	Bonds	N/A	VAR	9/15/2079	300,000	313,125	288,291
	UBS GROUP AG	Bonds	N/A	VAR	1/12/2034	200,000	200,000	204,474
	ULTRAPAR INTERNATIONL SA	Bonds	N/A	5.25%	10/6/2026	200,000	188,250	197,168

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	UNICREDIT SPA	Bonds	N/A	VAR	4/2/2034	350,000	371,559	365,659
	VODAFONE GROUP PLC	Bonds	N/A	VAR	4/4/2079	150,000	152,672	153,611
							<u>7,367,654</u>	<u>7,170,655</u>
	Common Stock							
	ALIBABA GROUP HLDG LTD (BABA)	Stocks	N/A	N/A	N/A	473	35,658	40,106
	AMERICA MOVIL SAB DE CV ADR (AMX)	Stocks	N/A	N/A	N/A	2,600	36,018	37,206
	ANHUI CONCH CEMENT ADR (AHCHY)	Stocks	N/A	N/A	N/A	2,040	49,069	26,104
	ASE TECHNOLOGY HLDG CO LTD ADR (ASX)	Stocks	N/A	N/A	N/A	6,004	44,152	60,460
	ASMP T LIMITED UNSPONSORD ADR (ASMVY)	Stocks	N/A	N/A	N/A	879	26,932	25,427
	BANCO DO BRASIL SA SPON ADR (BDORY)	Stocks	N/A	N/A	N/A	9,964	32,869	38,979
	BB SEGURIDADE PARTICIPACOES(BBSEY)	Stocks	N/A	N/A	N/A	7,502	36,106	43,932
	BIDVEST GROUP LTD SPONS ADR (BDVSY)	Stocks	N/A	N/A	N/A	1,011	19,789	28,253
	CEMEX SAB DE CV (CX)	Stocks	N/A	N/A	N/A	6,109	37,433	34,455
	CHENIERE ENERGY INC (LNG)	Stocks	N/A	N/A	N/A	1,470	75,807	315,859
	CHENIERE ENERGY INC (LNG)	Stocks	N/A	N/A	N/A	1,374	76,895	295,231
	CHINA CONSTRUCTION BANK CORP (CICHY)	Stocks	N/A	N/A	N/A	4,501	64,329	75,095
	CHINA MERCHANTS BK CO LTD UNSP (CIHKY)	Stocks	N/A	N/A	N/A	2,159	48,632	55,588
	DT MIDSTREAM INC (DTM)	Stocks	N/A	N/A	N/A	422	20,520	41,959
	DT MIDSTREAM INC (DTM)	Stocks	N/A	N/A	N/A	467	22,384	46,434
	ENBRIDGE INC (ENB)	Stocks	N/A	N/A	N/A	3,397	106,123	144,135
	ENBRIDGE INC (ENB)	Stocks	N/A	N/A	N/A	3,175	102,505	134,715
	ENERGY TRANSFER LP COM UT LTD (ET)	Stocks	N/A	N/A	N/A	24,365	224,716	477,310
	ENERGY TRANSFER LP COM UT LTD (ET)	Stocks	N/A	N/A	N/A	22,808	195,491	446,809
	ENGIE BRASIL ENERGIA SAADR (EGIEY)	Stocks	N/A	N/A	N/A	2,688	20,862	15,445
	ENLINK MIDSTREAM LLC (ENLC)	Stocks	N/A	N/A	N/A	1,960	12,082	27,734
	ENLINK MIDSTREAM LLC (ENLC)	Stocks	N/A	N/A	N/A	1,972	10,721	27,904
	ENTERPRISE PROD PRTNRS L.P. (EPD)	Stocks	N/A	N/A	N/A	8,582	196,541	269,132
	ENTERPRISE PROD PRTNRS L.P. (EPD)	Stocks	N/A	N/A	N/A	8,034	182,972	251,946
	GENESIS ENERGY LP COM (GEL)	Stocks	N/A	N/A	N/A	5,750	63,313	58,133
	GENESIS ENERGY LP COM (GEL)	Stocks	N/A	N/A	N/A	5,685	58,371	57,475
	GREEK ORGANISATION OF FOOTBALL (GOFPY)	Stocks	N/A	N/A	N/A	2,784	18,875	22,631
	GRUPO FINANCIERO BANORTE SAB (GBOOY)	Stocks	N/A	N/A	N/A	885	25,794	28,593
	HENGAN INTL GROUP CO LTD ADR (HEGIY)	Stocks	N/A	N/A	N/A	1,876	55,844	27,108
	HESS MIDSTREAM LP (HESM)	Stocks	N/A	N/A	N/A	745	20,868	27,587
	HESS MIDSTREAM LP (HESM)	Stocks	N/A	N/A	N/A	739	20,326	27,365
	HIMAX TECHNOLOGIES, INC. (HIMX)	Stocks	N/A	N/A	N/A	3,386	40,263	27,223
	INFOSYS LIMITED ADR (INFY)	Stocks	N/A	N/A	N/A	1,342	14,614	29,417
	JD COM INC SPON ADR CL A (JD)	Stocks	N/A	N/A	N/A	918	23,954	31,827

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International Association of Machinists and Aerospace Workers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value	
		Description	Collateral	Rate of Interest	Maturity Date			Par/Maturity Value
	KASIKORNBANK PUB CO LTD UNSPON (KPCPY)	Stocks	N/A	N/A	N/A	1,424	22,524	25,978
	KB FINANCIAL GRP INC SONS ADR (KB)	Stocks	N/A	N/A	N/A	1,074	38,635	61,111
	KIMBERLY CLARK SPON ADR (KCDMY)	Stocks	N/A	N/A	N/A	4,032	33,994	28,466
	KINDER MORGAN INCORP (KMI)	Stocks	N/A	N/A	N/A	8,308	126,397	227,639
	KINDER MORGAN INCORP (KMI)	Stocks	N/A	N/A	N/A	7,837	124,282	214,734
	KT CORP SPON ADR (KT)	Stocks	N/A	N/A	N/A	2,070	28,496	32,126
	LENOVO GROUP LTD SPONS ADR (LNVGY)	Stocks	N/A	N/A	N/A	2,498	46,540	64,831
	LIFE HEALTHCARE GRP HLDGS LTD (LTGHY)	Stocks	N/A	N/A	N/A	9,396	36,845	32,623
	MOL MAGYAR OLAJ GDR (MGYOY)	Stocks	N/A	N/A	N/A	7,082	25,193	24,334
	MPLX LP COM UNIT REP LTD (MPLX)	Stocks	N/A	N/A	N/A	3,014	78,067	144,250
	MPLX LP COM UNIT REP LTD (MPLX)	Stocks	N/A	N/A	N/A	2,822	86,310	135,061
	NEDBANK GRP LTD SPON ADR (NDBKY)	Stocks	N/A	N/A	N/A	2,830	22,009	42,249
	NETEASE.COM INC ADS (NTES)	Stocks	N/A	N/A	N/A	522	47,789	46,568
	ONEOK INC (OKE)	Stocks	N/A	N/A	N/A	2,876	188,854	288,750
	ONEOK INC (OKE)	Stocks	N/A	N/A	N/A	2,710	171,517	272,084
	PEMBINA PIPELINE CORP COM (PBA)	Stocks	N/A	N/A	N/A	3,056	86,078	112,919
	PEMBINA PIPELINE CORP COM (PBA)	Stocks	N/A	N/A	N/A	2,883	88,541	106,527
	PETROLEO BRASILEIRO SA (PBR)	Stocks	N/A	N/A	N/A	2,884	32,526	37,088
	PING AN INSURANCE ADR (PNGAY)	Stocks	N/A	N/A	N/A	3,461	52,266	41,034
	PLAINS ALL AMERN PIPELINE L P (PAA)	Stocks	N/A	N/A	N/A	4,395	27,517	75,067
	PLAINS ALL AMERN PIPELINE L P (PAA)	Stocks	N/A	N/A	N/A	4,142	48,940	70,745
	PLAINS GP HLDG L P PARTN INT A (PAGP)	Stocks	N/A	N/A	N/A	2,933	41,690	53,909
	PLAINS GP HLDG L P PARTN INT A (PAGP)	Stocks	N/A	N/A	N/A	2,760	38,824	50,729
	PT ASTRA INTERNATIONAL TBK ADR (PTAIY)	Stocks	N/A	N/A	N/A	4,852	39,492	29,544
	PT BK MANDIRI PERSERO TBK UNSP (PPERYP)	Stocks	N/A	N/A	N/A	2,617	19,466	37,072
	PT TELEKOMUNIKASI INDONESIA (TLK)	Stocks	N/A	N/A	N/A	2,013	41,721	33,114
	PT UNITED TRACTORSADR (PUTKY)	Stocks	N/A	N/A	N/A	757	29,472	25,186
	SANLAM LTD ADR (SLLDY)	Stocks	N/A	N/A	N/A	4,357	29,464	40,119
	SCHLUMBERGER LTD (SLB)	Stocks	N/A	N/A	N/A	583	25,589	22,352
	SHINHAN FINANCIAL GROUP CO LTD (SHG)	Stocks	N/A	N/A	N/A	1,160	36,565	38,141
	SINOPHARM GROUP CO LTD ADR (SHTDY)	Stocks	N/A	N/A	N/A	3,001	35,210	41,144
	SOCIEDAD QUIMICA Y MINERA ADS (SQM)	Stocks	N/A	N/A	N/A	433	29,512	15,744
	STANDARD BANK GROUP LTD SPON (SGBLY)	Stocks	N/A	N/A	N/A	3,277	30,803	38,511
	TAIWAN SMCNDCR MFG CO LTD ADR (TSM)	Stocks	N/A	N/A	N/A	860	30,703	169,841
	TARGA RESOURCES CORP (TRGP)	Stocks	N/A	N/A	N/A	1,378	19,573	245,972
	TARGA RESOURCES CORP (TRGP)	Stocks	N/A	N/A	N/A	1,295	32,912	231,158
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Stocks	N/A	N/A	N/A	507	18,840	26,962
	TERNIUM S.A. ADR (TX)	Stocks	N/A	N/A	N/A	670	28,338	19,484
	TINGYI CAYMAN ISLANDS HLDGS CO (TYCMY)	Stocks	N/A	N/A	N/A	1,334	44,668	34,759

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December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	UNILEVER PLC (NEW) ADS (UL)	Stocks	N/A	N/A	N/A	884	50,504	50,123
	VALE S.A (VALE)	Stocks	N/A	N/A	N/A	3,695	44,889	32,775
	VIBRA ENERGIA SA ADR (PETRY)	Stocks	N/A	N/A	N/A	3,680	27,572	21,256
	VODACOM GROUP LIMITED (VDMCY)	Stocks	N/A	N/A	N/A	4,692	35,088	25,205
	WESTERN MIDSTREAM PARTNERS L P (WES)	Stocks	N/A	N/A	N/A	7,005	186,205	269,202
	WESTERN MIDSTREAM PARTNERS L P (WES)	Stocks	N/A	N/A	N/A	6,574	172,673	252,639
	WILLIAMS CO INC (WMB)	Stocks	N/A	N/A	N/A	5,904	150,720	319,524
	WILLIAMS CO INC (WMB)	Stocks	N/A	N/A	N/A	5,527	155,120	299,121
							<u>4,829,761</u>	<u>7,805,347</u>
	Preferred Stock							
	Citigroup Capital XIII	Preferred Stock	N/A	N/A	10/30/2040	10,900	296,061	326,673
							<u>296,061</u>	<u>326,673</u>
	Mutual Funds							
	JPMORGAN ULTRA-SHORT INCOME (JPST)	Mutual Fund	N/A	N/A	N/A	10,690	536,959	538,455
	PIMCO ENHANCED SHRT MTRT EXC (MINT)	Mutual Fund	N/A	N/A	N/A	112	11,176	11,238
	VANGUARD FTSE DEVELOPED MKTS E (VEA)	Mutual Fund	N/A	N/A	N/A	119,820	5,740,206	5,729,792
	VANGUARD FTSE EMERGING MARKETS (VVO)	Mutual Fund	N/A	N/A	N/A	39,648	1,629,533	1,746,098
	VANGUARD HEALTH CARE ETF (VHT)	Mutual Fund	N/A	N/A	N/A	4,719	1,183,053	1,197,163
	VANGUARD INTERMEDIATE TERM COR (VCIT)	Mutual Fund	N/A	N/A	N/A	249,183	20,253,594	20,001,919
	VANGUARD INTERMEDIATE TERM COR (VCIT)	Mutual Fund	N/A	N/A	N/A	160,096	13,012,603	12,850,906
	VANGUARD LONG-TERM CORPORATE (VCLT)	Mutual Fund	N/A	N/A	N/A	34,826	2,791,304	2,604,288
	VANGUARD SHORT-TERM CORPORATE (VCSH)	Mutual Fund	N/A	N/A	N/A	58,648	4,537,596	4,575,130
	VANGUARD SHORT-TERM CORPORATE (VCSH)	Mutual Fund	N/A	N/A	N/A	102,723	7,947,679	8,013,421
	VANGUARD TTL STK MKT ETF (VTI)	Mutual Fund	N/A	N/A	N/A	66,763	16,303,234	19,348,585
	WISDOMTREE TRUST JAPN HEDGE EQ (DXJ)	Mutual Fund	N/A	N/A	N/A	20,755	1,875,942	2,289,071
	ISHARES MSCI JAPAN ETF	Mutual Fund	N/A	N/A	N/A	2,567	126,544	172,246
	VANGUARD FTSE DEVELOPED MARKETS ETF	Mutual Fund	N/A	N/A	N/A	277,507	10,711,765	13,270,385
							<u>86,661,188</u>	<u>92,348,697</u>
	Common Collective Trusts							
	ASB LABOR EQUITY INDEX FUND	CCT	N/A	N/A	N/A	778,336	8,190,274	44,485,869

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	BNYM MELLON DB SL LONG TERM CREDIT BOND INDEX FUND	CCT	N/A	N/A	N/A	3,780,383	178,704,728	175,604,729
	BNYM MELLON DB SL LONG BOND INDEX FUND	CCT	N/A	N/A	N/A	3,499,704	168,600,000	167,980,361
	INVEST'S-SSGA MSCI JAPAN	CCT	N/A	N/A	N/A	311,237	5,121,785	6,031,472
	STATE STREET 20+ YEAR U.S. TREASURY STRIPS INDEX NON-LENDING FUND	CCT	N/A	N/A	N/A	4,217,002	76,700,000	48,887,706
							<u>437,316,787</u>	<u>442,990,137</u>
103-12 Investment Entities								
	ACADIAN EMERGING MARKETS EQUITY FUND	103-12 Investment Entity	N/A	N/A	N/A	1,309	7,234,740	8,437,207
							<u>7,234,740</u>	<u>8,437,207</u>
Other Investments								
	FORWARD CURR BUY CAD EXP SCBLGB	Futures	N/A	N/A	1/7/2025	187,164	133,265	130,138
	FORWARD CURR BUY CAD EXP ROYCCA	Futures	N/A	N/A	1/7/2025	101,603	72,340	70,646
	FORWARD CURR BUY USD EXP WPACAU	Futures	N/A	N/A	1/7/2025	8,977,204	8,977,204	8,977,204
	FORWARD CURR BUY CAD EXP WPACAU	Futures	N/A	N/A	2/6/2025	12,914,426	8,987,081	8,979,581
	FORWARD CURR BUY CAD EXP MRMDUS	Futures	N/A	N/A	2/6/2025	13,834,505	9,628,498	9,619,325
	FORWARD CURR BUY USD EXP MRMDUS	Futures	N/A	N/A	1/7/2025	9,617,614	9,617,614	9,617,614
	FORWARD CURR BUY USD EXP CITIUS	Futures	N/A	N/A	1/7/2025	8,648,316	8,648,316	8,648,316
	FORWARD CURR BUY CAD EXP CITIUS	Futures	N/A	N/A	2/6/2025	12,442,605	8,658,225	8,651,517
	FORWARD CURR BUY CAD EXP CHASUS	Futures	N/A	N/A	2/6/2025	13,172,725	9,168,227	9,159,180
	FORWARD CURR BUY USD EXP CHASUS	Futures	N/A	N/A	1/7/2025	9,157,901	9,157,901	9,157,901
	FORWARD CURR BUY USD EXP ROYCCA	Futures	N/A	N/A	1/7/2025	8,984,381	8,984,381	8,984,381
	FORWARD CURR BUY CAD EXP ROYCCA	Futures	N/A	N/A	2/6/2025	12,924,212	8,994,416	8,986,385
	FORWARD CURR BUY USD EXP MRMDUS	Futures	N/A	N/A	2/6/2025	834,000	834,000	834,000
	FORWARD CURR USD PAY CITIUS	Futures	N/A	N/A	12/5/2024	(86,488)	(86,488)	(86,488)
	FORWARD CURR SELL USD EXP SCBLG	Futures	N/A	N/A	1/7/2025	(133,265)	(133,265)	(133,265)
	FORWARD CURR SELL USD EXP ROYCC	Futures	N/A	N/A	1/7/2025	(72,340)	(72,340)	(72,340)
	FORWARD CURR SELL CAD EXP WPACA	Futures	N/A	N/A	1/7/2025	(12,914,426)	(8,977,204)	(8,979,581)
	FORWARD CURR SELL USD EXP WPACA	Futures	N/A	N/A	2/6/2025	(8,987,081)	(8,987,081)	(8,987,081)
	FORWARD CURR SELL USD EXP MRMDU	Futures	N/A	N/A	2/6/2025	(9,628,498)	(9,628,498)	(9,628,498)
	FORWARD CURR SELL CAD EXP MRMDU	Futures	N/A	N/A	1/7/2025	(13,834,505)	(9,617,614)	(9,619,325)
	FORWARD CURR SELL CAD EXP CITIU	Futures	N/A	N/A	1/7/2025	(12,442,605)	(8,648,316)	(8,651,517)
	FORWARD CURR SELL USD EXP CITIU	Futures	N/A	N/A	2/6/2025	(8,658,225)	(8,658,225)	(8,658,225)
	FORWARD CURR SELL USD EXP CHASU	Futures	N/A	N/A	2/6/2025	(9,168,227)	(9,168,227)	(9,168,227)
	FORWARD CURR SELL CAD EXP CHASU	Futures	N/A	N/A	1/7/2025	(13,172,725)	(9,157,901)	(9,159,180)
	FORWARD CURR SELL CAD EXP ROYCC	Futures	N/A	N/A	1/7/2025	(12,924,212)	(8,984,381)	(8,986,385)
	FORWARD CURR SELL USD EXP ROYCC	Futures	N/A	N/A	2/6/2025	(8,994,416)	(8,994,416)	(8,994,416)
	FORWARD CURR SELL CAD EXP MRMDU	Futures	N/A	N/A	2/6/2025	(1,197,961)	(834,000)	(832,959)
							<u>(86,488)</u>	<u>(141,299)</u>

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	Partnerships							
	AMERICAN CORE PROPERTY FUND, LP	Partnership	N/A	N/A	N/A	400	49,068,788	47,898,180
	APOLLO (ANRP)	Partnership	N/A	N/A	N/A	N/A	4,537,757	1,024,757
	APOLLO HYBRID VALUE OVERSEAS PARTNERS (MS I) II, L.P.	Partnership	N/A	N/A	N/A	N/A	3,992,603	4,623,152
	APOLLO MS	Partnership	N/A	N/A	N/A	N/A	1,678,254	2,744,654
	BALYASNY (ATLAS)	Partnership	N/A	N/A	N/A	N/A	2,492,767	2,812,161
	BLACKSTONE	Partnership	N/A	N/A	N/A	N/A	3,422,396	1,464,673
	BLACKSTONE BREP IX	Partnership	N/A	N/A	N/A	N/A	6,038,366	6,380,296
	BLACKSTONE BTAS IV	Partnership	N/A	N/A	N/A	N/A	5,897,185	6,439,216
	BLACKSTONE ENERGY	Partnership	N/A	N/A	N/A	N/A	2,940,535	5,169,636
	DE SHAW - MSSB	Partnership	N/A	N/A	N/A	N/A	7,000,000	18,067,001
	DE SHAW - MSSB	Partnership	N/A	N/A	N/A	N/A	1,500,000	3,940,117
	ENTRUST SPEC OPPTS	Partnership	N/A	N/A	N/A	13,304	15,000,000	13,281,601
	ELLIOT INTERNATIONAL LIMITED	Partnership	N/A	N/A	N/A	8,245	15,500,000	22,779,141
	EXODUS POINT - MSSB	Partnership	N/A	N/A	N/A	15,500	9,560,871	14,308,534
	GRAHAM ABS	Partnership	N/A	N/A	N/A	18,439	1,912,174	3,023,539
	GRAHAM ABS - CA	Partnership	N/A	N/A	N/A	3,896	3,479,805	3,458,106
	INVEST - BLACKSTONE OPPIV	Partnership	N/A	N/A	N/A	N/A	24,300,118	29,164,778
	INVEST-PEN F-BC INDUS REIT IV	Partnership	N/A	N/A	N/A	N/A	2,975,324	273,280
	KKR ENERGY - MSSB	Partnership	N/A	N/A	N/A	N/A	6,957,394	32,595,006
	MILLENNIUM - MSSB	Partnership	N/A	N/A	N/A	N/A	2,072,945	7,277,298
	MILLENNIUM - MSSB	Partnership	N/A	N/A	N/A	N/A	5,359,034	2,120,574
	ONEX PARTNERS III, LP	Partnership	N/A	N/A	N/A	N/A	2,711,799	716,149
	PENN SQUARE - MSSB	Partnership	N/A	N/A	N/A	N/A	4,063,427	935,843
	PRIVATE EQUITY - WILSHIRE (US)	Partnership	N/A	N/A	N/A	N/A	136,697	128,202
	THIRD POINT	Partnership	N/A	N/A	N/A	1,321	1,039,301	507,142
	TOWNSEND	Partnership	N/A	N/A	N/A	N/A	13,000,000	20,837,181
	TWO SIGMA ABSOLUTE RETURN CAYMAN FUND, LTD.	Partnership	N/A	N/A	N/A	8,952	387,597	161,318
	WILSHIRE ASIA PRIVATE MARKETS FUND VIII (OFFSHORE), L.P.	Partnership	N/A	N/A	N/A	N/A	613,489	636,003
	WILSHIRE EUROPEAN PRIVATE MARKETS FUND VIII (OFFSHORE), L.P.	Partnership	N/A	N/A	N/A	N/A	16,280,989	19,376,995
							<u>658,039,833</u>	<u>272,144,533</u>
	Total						<u>\$ 819,822,569</u>	<u>\$ 874,253,568</u>

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EIN #53-6001417, Plan #004
December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
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Single Transactions

No single transactions during the year exceeded 5% of total net assets.

Series of Transactions

No series of transactions during the year exceeded 5% of total net assets.

See Independent Auditor's Report.

International Association of Machinist and Aerospace Workers Pension Plan

EIN 53-6001417

Plan No. 004

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

International Association of Machinist and Aerospace Workers Pension Plan

EIN 53-6001417

Plan No. 004

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan International Association of Machinists & Aerospace Workers Pension Plan	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERNATIONAL ASSOCIATION OF MACHINISTS & AEROSPACE WORKERS	D Employer Identification Number (EIN) 53-6001417	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	895,765,374	
b Actuarial value	2b	960,652,871	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,928	609,521,680	609,521,680
b For terminated vested participants	174	28,878,537	28,878,537
c For active participants	719	168,341,340	180,050,927
d Total	2,821	806,741,557	818,451,144
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.17 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	21,746,171	
b Expected plan-related expenses	6b	904,209	
c Target normal cost	6c	22,650,380	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary	<u>10/3/2025</u> Date
	KAREN ZANGARA, FSA, EA Type or print name of actuary	23-06626 Most recent enrollment number
	CHEIRON, INC Firm name	(703) 893-1456 Telephone number (including area code)
	701 EAST GATE DRIVE SUITE 330 MOUNT LAUREL NJ 08054 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	261,308,247	20,991,364
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	261,308,247	20,991,364
10	Interest on line 9 using prior year's actual return of <u>6.63</u> %	17,324,737	1,391,727
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,714,283
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		404,228
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		8,118,511
	d Portion of (c) to be added to prefunding balance		8,118,511
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	278,632,984	30,501,602

Part III Funding Percentages			
14	Funding target attainment percentage	14	79.60%
15	Adjusted funding target attainment percentage	15	117.37%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	31,426,988				
Totals ▶			18(b)	31,426,988	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a
	b Contributions made to avoid restrictions adjusted to valuation date	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 30,501,754
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 22,650,380
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 22,650,380
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 22,650,380
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 30,501,754
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 7,851,374
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
Plan Number: 004

Schedule SB, Line 19 – Discounted Employer Contributions:

Date of Contribution	Interest Adjusted Amount	Date of Contribution	Interest Adjusted Amount
1/3/2024	\$ 3,092	8/31/2024	\$ 106,856
1/11/2024	\$ 3,571	9/18/2024	\$ 1,197,249
1/18/2024	\$ 3,644	9/19/2024	\$ 108,175
1/23/2024	\$ 13,611	9/27/2024	\$ 1,379,291
1/30/2024	\$ 166,991	9/30/2024	\$ 106,416
2/7/2024	\$ 221,462	10/21/2024	\$ 960,115
2/12/2024	\$ 8,727	10/29/2024	\$ 1,375,329
2/15/2024	\$ 1,170,670	10/30/2024	\$ 106,925
2/28/2024	\$ 119,039	11/26/2024	\$ 2,328,099
2/29/2024	\$ 108,615	11/27/2024	\$ 108,442
3/7/2024	\$ 1,276,425	12/5/2024	\$ 1,952
3/11/2024	\$ 1,832	12/10/2024	\$ 5,073
3/15/2024	\$ 3,616	12/12/2024	\$ 4,822
3/21/2024	\$ 959,776	12/17/2024	\$ 2,581,511
3/27/2024	\$ 1,300,659	12/30/2024	\$ 110,970
3/28/2024	\$ 214,712	1/1/2025	\$ 110,939
4/19/2024	\$ 6,936	1/16/2025	\$ 720,118
4/24/2024	\$ 2,472,712	2/14/2025	\$ 1,082,237
4/29/2024	\$ 106,943		
4/30/2024	\$ 106,928		
5/9/2024	\$ 4,968		
5/16/2024	\$ 3,945		
5/17/2024	\$ 964,457		
5/24/2024	\$ 334		
5/31/2024	\$ 1,298,020		
6/6/2024	\$ 106,608		
6/7/2024	\$ 106,593		
6/27/2024	\$ 2,203,083		
6/28/2024	\$ 215,540		
7/30/2024	\$ 2,481,073		
8/1/2024	\$ 108,908		
8/28/2024	\$ 2,236,859		
8/29/2024	\$ 106,886		
Grand Total			\$ 30,501,754

Employer Contributions are discounted at 5.17%

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age:

(A) Age	(B) Expected Active Headcount	(C) Retirement Rate	(D) Expected Retirements (B) × (C)	(E) Weighted Age (A) × (D)
55	296.2	3.65%	10.8	594.0
56	304.1	3.66%	11.1	621.6
57	322.1	3.76%	12.1	689.7
58	340.1	3.81%	13.0	754.0
59	351.3	11.34%	39.8	2,348.2
60	341.6	11.11%	37.9	2,274.0
61	327.5	11.32%	37.1	2,263.1
62	313.3	23.73%	74.3	4,606.6
63	256.7	28.26%	72.5	4,567.5
64	201.1	28.96%	58.2	3,724.8
65	155.9	40.00%	62.4	4,056.0
66	96.7	30.00%	29.0	1,914.0
67	75.2	30.00%	22.6	1,514.2
68	57.2	30.00%	17.2	1,169.6
69	40.6	30.00%	12.2	841.8
70	31.2	100.00%	31.2	2,184.0
71	2.0	100.00%	2.0	142.0
72	0.0	0.00%	0.0	0.0
73	0.0	0.00%	0.0	0.0
Total			543.4	34,265.1
Average				63.1

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Plan Number: 004

Schedule SB, Part V – Statement of Plan Provisions (US):

1. Effective date of plan January 1, 1979
2. Vesting Service 1,000 hours or 6 months in a plan year is equal to 1 year
3. Pension Service 6/12 credit for 6 months, and an additional 1/12 per month, up to one full year. If the Annuity Starting Date is after January 1, 2015, then 1/12 credit per month even if less than 6 months of credit in year.
4. Participation First anniversary of employment
5. Normal retirement
 - a. Eligibility Age 60 with 5 years of pension or vesting service
 - b. Benefit 2.50% of final Salary for each year of pension service prior January 1, 1977, plus 2% of final salary for each year of pension service since January 1, 1977, not to exceed the lesser of 50% of final salary and the IRC 415(b) maximum.

Former International Woodworkers of America Pensions Plan participants: 2% of final salary for each year of total pension service, not to exceed the lesser of 50% of final salary and the IRC 415(b) maximum.

Former Transportation Communications International Union (TCU) Staff Retirement Plan participants who were employed as of September 12, 2005: 2% of final 48-month consecutive compensation for each year of credited service prior to January 1, 2006 (capped at 35 years), plus 2% of final salary for each year of pension service after December 31, 2005, not to exceed 50% of final salary. The total benefit amount cannot exceed the IRC 415(b) maximum. The TCU portion of the benefit amount is determined under TCU eligibility provisions, which are subject to the modifications set forth in the merger agreement. Upon attaining 25 years of total combined service, future pension service accruals under the IAMAW formula stop.
6. Early retirement
 - a. Eligibility Age 55 with 5 years of benefit or vesting service
 - b. Benefit Accrued benefit, reduced by 4.8% per year prior to age 60
7. Disability retirement
 - a. Eligibility Total and permanent disability after the completion of 15 years of benefit service.
 - b. Benefit Accrued benefit based on service accrued to the date of disability, payable immediately.

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Plan Provisions (US):

8. Deferred vested
 - a. Eligibility 5 years of pension or vesting service
 - b. Benefit Accrued benefit payable at age 65, or a reduced benefit payable as early as age 55.

9. Pre-retirement death
 - If not married:
 - a. Eligibility 15 years of pension or vesting service
 - b. Benefit A 5-year annuity certain in the amount of the monthly benefit to which the employee would have been entitled had he or she retired the day before he or she died, with no reduction below age 55.

 - If married:
 - a. Eligibility 5 years of vesting service
 - b. Benefit 100% of the benefit the employee would have received had he or she retired the day before death and elected the Joint and 100% Survivor form of annuity. If death occurs after the employee earned at least 15 years of pension service, there is no early retirement reduction. If death occurs before age 55 and before the employee earned at least 10 years of pension or vesting service, the benefit is deferred to the date at which the employee would have attained age 55. If death occurs before age 55 and after 10 years of pension or vesting service, but prior to 15 years, the benefit is payable immediately but is determined as though the participant was age 55 at death.

10. Cost of Living Adjustment

The portion of the total pension benefit applicable to service through January 31, 1990 is adjusted every year after retirement based upon the percentage increase in straight time compensation of the employment positions of the pensioner immediately preceding his or her retirement. If benefits are payable to a surviving spouse, no additional adjustments are granted after the death of the pensioner.

This percentage increase does not apply to former participants in the International Woodworkers of America Pension Plan or to former participants in the TCU Staff Retirement Plan.

Certain Former participants in the TCU Staff Retirement Plan will receive Separate cost of living adjustments, as outlined in that plan and the subsequent amendments to the agreement and plan of merger between IAMAW and TCU.

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Plan Provisions (US):

11. Form of Payments

Normal Forms of Payment

If not married:

- Straight Life Annuity with 5-year guarantee
- Former Woodworker/TCU participants: Straight Life Annuity on their Woodworker/TCU benefit portion. There is a Cash Refund Guarantee on the TCU benefit portion.

If married:

- Reduced 100% Joint & Survivor Annuity with pop-up feature
- Former Woodworker participants: Unreduced 50% Joint & Survivor Annuity
- Former TCU participants: Reduced 50% Joint & Survivor Annuity with a Cash Refund Guarantee

Optional Forms of Payment

- Straight Life Annuity with 5-year guarantee
- Reduced 50% or 100% Joint & Survivor Annuity (50% also available with pop-up feature)
- Level Income Annuity at age 60, 62, 65, and 67 with 5-year guarantee

TCU participant - Available options on their TCU benefit portion:

- Straight Life Annuity
- Reduced 50% Joint & Survivor Annuity with pop-up feature
- Reduced 25%, 66 2/3%, and 100% Joint & Survivor Annuity with or without pop-up feature

There is also a Cash Refund Guarantee on TCU benefit portion

12. Actuarial Basis for
Optional Benefit Forms

1971 GAM Table for males, set back 3 years; 7%
For Level Income Option, actuarial equivalence is based on IRC Section 417(e) assumptions

13. Benefit Limit

\$275,000 (previously \$265,000)

14. Pay Limit

\$345,000 (previously \$330,000)

15. Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
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Schedule SB, Part V – Statement of Plan Provisions (US):

16. Changes in Plan Provisions

There were no changes in plan provisions. However, the following changes in IRC limits were reflected in this actuarial valuation:

- The IRC Section 415(b) benefit dollar limit increased from \$265,000 in 2023 to \$275,000 in 2024 as allowed by EGTRRA
- The IRC Section 401(a)(17) limit for compensation increased from \$330,000 in 2023 to \$345,000 in 2024 as allowed by EGTRRA

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Plan Provisions (Canada):

1. Vesting Service A month of Vesting Service equals a month of Continuous Employment
2. Vested Status 2 years (immediate vesting for Ontario and Quebec participants)
3. Pension Service 1/12th of a year of Pension Service for each 170 Hours of Service in a Calendar Year, provided, however, that 1,000 Hours of Service during a calendar year will provide 6/12th of a year of Pension Service. Alternatively, a Participant will be entitled to 6/12th of a year of Pension Service if he or she is employed in employment covered by the Plan in each of six months in a calendar year (plus 1/12th of a year of Pension Service for each additional month employed in employment covered by the Plan during the calendar year).
4. Participation
 - a. Outside of Manitoba January 1st of the following year once an employee has earned at least 35% of the Year's Maximum Pensionable Earnings (YMPE) in employment or completed 700 hours of employment.
 - b. Manitoba 1st of the month following two consecutive years of Continuous Employment earning at least 35% of YMPE.
5. Normal Retirement
 - a. Eligibility Age 60 and Vested Status
 - b. Benefit The Normal Pension monthly amount shall be equal to 1/12th of 2% of the Participant's annualized Compensation as of the date of termination of employment covered by the Plan, multiplied by the Participant's cumulative Service Percentage. The Service Percentage is 2.5% for each completed year of Pension Service prior to 1976. The Service Percentage is 2.5% for 1976 for the completed year or at least 6/12th's of a year of Pension Service. The Service Percentage is 2.0% for each completed year or at least 6/12ths of a year of Pension Service on or after January 1, 1977. No pension shall commence at a percentage greater than 50% of Compensation as of the date of termination of employment covered by the Plan.
6. Late Retirement
 - a. Eligibility Above Normal Retirement Age but later than Participants Required Beginning Date

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Plan Provisions (Canada):

- b. Benefit The monthly amount of the pension shall be calculated in the same manner as for a Normal Pension, but the calculation shall be based on the Participant's additional Years of Pension Service acquired after Normal Retirement Age, if any, and the amount of the Participant's Compensation at the Participant's actual date of Termination of Continuous Employment.
- Notwithstanding above, a Participant affected by the Quebec Supplemental Pension Plans Act, who postpones his retirement and remains in Continuous Employment after attaining Normal Retirement Age by the same employer with whom he was employed at Normal Retirement Age, shall be entitled to a pension at his actual retirement that is not less than the actuarial equivalent of the pension that would have been payable at Normal Retirement Age had the retirement not been postponed.
7. Early Retirement
- a. Eligibility Age 55 with Vested Status
- b. Benefit Accrued benefit, reduced by 4/10ths of 1% for each full month Participant is younger than age 60
8. Disability Retirement
- a. Eligibility Total and permanent disability after the completion of 15 years of Pension service.
- b. Benefit Accrued benefit based on the manner used to determine Normal Retirement Pension.
9. Deferred Vested
- a. Eligibility Vested status with termination before age 55
- b. Benefit Amount of the Normal Pension if deferred to age 65 or later, or Amount of Early Retirement Pension if commenced to before age 65.

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Schedule SB, Part V – Statement of Plan Provisions (Canada):

10. Pre-retirement Death

If not married

- a. Eligibility Vested status
- b. Benefit Before the effective date, a lump sum equal to Commuted Value of Participant's Vested Deferred Pension accrued after December 31st, 1984.
- If 15 or more Years of Pension service, either the above benefit or a 5-year monthly annuity based on the value of the Pension at the date of death

If married

- a. Eligibility Vested status and before Effective Date.
- The Spouse of a Participant is eligible for this benefit. Under the jurisdiction of Manitoba, the Spouse of the Participant will be eligible for the Pre-Retirement Survivor Benefit only if the Participant and Spouse are cohabitating immediately prior to the death of the Participant.
- b. Benefit The greater of:
- a. The Commuted Value of the Vested Pension accrued after December 31, 1984 or
- b. The actuarial present value of the benefit that would have been payable to the Spouse if the Participant had retired on the day before death on the 50% Joint and Survivor Pension.

11. Form of Payment

Normal Forms of Payment

- Straight Monthly Life Annuity with 5-year guarantee
- 66 2/3% Joint & Survivor Pension (not less than actuarially equivalent to Single Life Pension)

Optional Forms of Payment

- 50% Joint & Survivor Pension
- 100% Joint & Survivor Pension
- Quebec: 66 2/3% Joint & Survivor Pension with 10-year guarantee
- Level Income Annuity at age 60, 62, and 65 with 5-year guarantee

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
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Schedule SB, Part V – Statement of Plan Provisions (Canada):

12. Adjustments of Pensions Pensions of pensioners shall be adjusted annually by applying the appropriate percentage to the straight-line compensation for the classifications or positions corresponding to those in which they were employed immediately prior to their retirement. No adjustment shall result in a pension payment which is less than the amount paid to the retiree at the time of retirement.

This adjustment formula, known as the "Living Pension Adjustment" and shall apply to all accruals earned under this Plan through January 31, 1990. For accruals earned under this Plan after January 31, 1990, this adjustment formula shall not apply.

13. Additional Information The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
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Schedule SB, Line 24 – Changes in Actuarial Assumptions:

The Canadian exchange rate for the determination of the liabilities as of the valuation date was changed from 73.83% in 2023 to 75.61% in 2024 to reflect most recent market rates, as provided by Bank of Canada.

The administrative expense assumption was updated from \$863,585 to \$904,209 to reflect recent Plan experience under a 2-year average method.

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods:

In order to place a value on the benefits provided by the Plan and to determine the contribution levels required by ERISA to fund plan benefits, assumptions must be made regarding participant behavior and the future investment earnings of the fund. The Actuarial Assumptions are used for purposes of the minimum funding requirement, deduction limitation, determination of PBGC variable rate premium, LDRM and financial reporting and disclosure information. The assumptions for the US and Canadian participants are identical for this valuation.

1. Valuation date January 1, 2024.

2. Cost method Traditional Unit credit.

The Funding Target is determined using the Traditional Unit Credit cost method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant’s benefit attributable to service expected to be earned in the upcoming Plan Year. The liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant’s benefit attributable to total service earned as of the valuation date.

3. Asset valuation method 24 month average of assets as described in Notice 2009–22 under section 430(g)(3)(B).

4. Interest Rates

a. IRC 430(h) segment rates
(Funding Target interest rates)

Segment 1 – 4.75%
 Segment 2 – 4.96%
 Segment 3 – 5.59%

Effective rate: 5.17%

b. PPA segment rates
(Maximum Deductible Target interest rates, ERISA 4010 test rates, & LDRM)

Segment 1 – 4.37%
 Segment 2 – 4.96%
 Segment 3 – 4.95%

Effective rate: 4.92%

c. PBGC Liability segment rates (standard rates)

Segment 1 – 5.01%
 Segment 2 – 5.13%
 Segment 3 – 5.15%

Effective rate: 5.13%

d. ASC 960 4.85%

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
Plan Number: 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods:

5. Salary Scale 3.25% inflation rate multiplied by the age-related merit scale (samples below):

Age	Rate
25	3.12%
30	2.68%
35	2.37%
40	2.13%
45	1.68%
50	1.13%
55	0.67%
60	0.15%

6. Mortality IRS 2024 fully generational Mortality Table with a base table derived from the Pri-2012 Report and mortality improvements using the 2024 IRS Adjusted Scale MP-2021 as published in IRS Federal Register TD (Treasury Decision) 9983.

7. Retirement Age Rates by age as shown below:

Age	Rate
55-58	4%
59-61	12%
62	25%
63-64	30%
65	40%
66-69	30%
>69	100%

8. Disability Sample rates are shown below:

Age	US Rate
25	0.128%
30	0.165%
35	0.211%
40	0.330%
50	0.909%
55	1.513%

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods:

9. Terminations

Sample rates are shown below:

Age	BR Rate	GL Rate	LD Rate
25	9.67%	11.20%	17.22%
30	9.30%	8.86%	16.21%
35	8.71%	5.61%	14.86%
40	7.75%	3.57%	13.10%
45	6.35%	2.32%	10.84%
50	4.22%	1.40%	7.92%
55	0.00%	0.83%	4.40%

BR: Business Representative participants

GL: Grand Lodge participants (also used for Woodworkers and TCU participants)

LD: Local & District Lodge participants

10. Retirement from inactive status

Age 60

Age 62 for TCU participants inactive as of the merger date

11. Percent married

80% for male participants, 50% for female participants

12. Age of spouse

Males are assumed to be three years older than their spouses.

13. Administrative Expenses

Average expenses from the most recent two years; this year the assumption is \$904,209 payable at the beginning of the year.

For financial disclosure under FASB ASC 960, the present value of future administrative expense is assumed to be 1.35% of the Present Value of Accumulated Benefits.

14. Canadian exchange rate to US dollars

Salary and benefits used to determine liabilities were converted from Canadian dollars to US dollars using a 75.61% exchange rate, based upon December 31, 2022 daily noon rate from Bank of Canada.

Prior year Canadian contributions were converted to US dollars using 73.46% exchange rate, based upon the auditor's methodology to use the average middle of year daily noon rate from Bank of Canada for contributions.

Plan Sponsor: International Association of Machinist and Aerospace Workers
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods:

15. Changes in Actuarial Assumptions

The mortality and interest rates were changed to reflect the requirements of PPA.

The Canadian exchange rate for the determination of the liabilities as of the valuation date was changed from 73.83% in 2023 to 75.61% in 2024 to reflect most recent market rates, as provided by Bank of Canada.

The administrative expense assumption was updated from \$863,585 to \$904,209 to reflect recent Plan experience under a 2-year average method.

For financial disclosure under FASB ASC 960, the assumption regarding future administrative expense changed from 1.32% to 1.35% of the Present Value of Accumulated Benefits.

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
Plan Number: 004

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments:

Expected Annual Benefit Payments					
Plan Year	Actives	Terminated Vesteds	Retirees and Beneficiaries	Total	
2024	\$ 1,013,067	\$ 687,214	\$ 55,600,286	\$ 57,300,568	
2025	2,643,580	824,556	54,406,320	57,874,456	
2026	4,240,210	1,029,571	53,183,929	58,453,710	
2027	5,776,071	1,157,160	51,921,687	58,854,917	
2028	7,093,567	1,318,293	50,524,293	58,936,153	
2029	8,346,426	1,481,136	49,443,001	59,270,564	
2030	9,477,187	1,603,227	48,007,755	59,088,169	
2031	10,439,055	1,711,470	46,451,736	58,602,261	
2032	11,264,333	1,835,738	44,851,170	57,951,241	
2033	11,989,228	1,884,130	43,204,911	57,078,269	
2034	12,601,225	1,895,608	41,465,237	55,962,071	
2035	13,125,950	1,935,502	39,683,863	54,745,315	
2036	13,608,167	1,937,474	37,844,742	53,390,383	
2037	14,006,708	1,978,740	35,952,811	51,938,259	
2038	14,309,610	2,050,376	34,014,637	50,374,623	
2039	14,572,093	2,113,792	32,038,377	48,724,261	
2040	14,786,075	2,126,645	30,033,795	46,946,515	
2041	14,979,179	2,202,741	28,012,138	45,194,057	
2042	15,076,515	2,204,421	25,985,829	43,266,765	
2043	15,156,869	2,215,562	23,968,147	41,340,578	
2044	15,184,545	2,221,280	21,972,714	39,378,539	
2045	15,159,629	2,194,702	20,013,324	37,367,655	
2046	15,091,992	2,167,992	18,103,869	35,363,854	
2047	14,965,318	2,153,102	16,258,086	33,376,506	
2048	14,774,884	2,131,704	14,489,164	31,395,752	
2049	14,509,715	2,115,771	12,809,347	29,434,833	
2050	14,210,820	2,061,245	11,229,647	27,501,711	
2051	13,849,085	2,002,002	9,759,420	25,610,507	
2052	13,413,078	1,946,058	8,405,970	23,765,106	
2053	12,946,138	1,876,209	7,174,163	21,996,509	
2054	12,419,368	1,807,035	6,066,198	20,292,602	
2055	11,856,009	1,736,889	5,081,671	18,674,568	
2056	11,268,730	1,658,388	4,217,526	17,144,644	
2057	10,652,188	1,584,300	3,468,340	15,704,828	
2058	10,014,975	1,501,714	2,826,813	14,343,502	
2059	9,368,039	1,417,888	2,284,155	13,070,081	
2060	8,720,515	1,333,447	1,830,651	11,884,614	
2061	8,078,594	1,249,106	1,456,109	10,783,810	
2062	7,449,222	1,165,434	1,150,239	9,764,894	
2063	6,839,247	1,083,171	903,087	8,825,505	
2064	6,253,070	1,002,873	705,361	7,961,304	
2065	5,695,068	925,065	548,590	7,168,723	
2066	5,168,226	850,184	425,235	6,443,646	
2067	4,674,404	778,553	328,781	5,781,738	
2068	4,214,372	710,395	253,724	5,178,490	
2069	3,788,122	645,849	195,524	4,629,496	
2070	3,394,817	584,975	150,492	4,130,285	
2071	3,033,096	527,778	115,693	3,676,567	
2072	2,701,182	474,226	88,812	3,264,219	
2073	2,397,104	424,251	68,047	2,889,402	

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
Plan Number: 004

Schedule SB, Line 18 – Contributions Made to the Plan:

Date of Contribution	Amount	Date of Contribution	Amount
1/3/2024	\$ 3,093	8/31/2024	\$ 110,493
1/11/2024	\$ 3,576	9/18/2024	\$ 1,241,068
1/18/2024	\$ 3,653	9/19/2024	\$ 112,150
1/23/2024	\$ 13,652	9/27/2024	\$ 1,431,546
1/30/2024	\$ 167,661	9/30/2024	\$ 110,493
2/7/2024	\$ 222,594	10/21/2024	\$ 999,789
2/12/2024	\$ 8,778	10/29/2024	\$ 1,433,740
2/15/2024	\$ 1,177,949	10/30/2024	\$ 111,482
2/28/2024	\$ 119,994	11/26/2024	\$ 2,436,353
2/29/2024	\$ 109,501	11/27/2024	\$ 113,500
3/7/2024	\$ 1,288,078	12/5/2024	\$ 2,045
3/11/2024	\$ 1,850	12/10/2024	\$ 5,320
3/15/2024	\$ 3,653	12/12/2024	\$ 5,057
3/21/2024	\$ 970,410	12/17/2024	\$ 2,709,371
3/27/2024	\$ 1,316,155	12/30/2024	\$ 116,675
3/28/2024	\$ 217,300	1/1/2025	\$ 116,675
4/19/2024	\$ 7,042	1/16/2025	\$ 758,915
4/24/2024	\$ 2,511,841	2/14/2025	\$ 1,145,107
4/29/2024	\$ 108,710		
4/30/2024	\$ 108,710		
5/9/2024	\$ 5,057		
5/16/2024	\$ 4,020		
5/17/2024	\$ 982,827		
5/24/2024	\$ 341		
5/31/2024	\$ 1,325,299		
6/6/2024	\$ 108,938		
6/7/2024	\$ 108,938		
6/27/2024	\$ 2,257,760		
6/28/2024	\$ 220,920		
7/30/2024	\$ 2,554,236		
8/1/2024	\$ 112,150		
8/28/2024	\$ 2,312,030		
8/29/2024	\$ 110,493		
Grand Total			\$ 31,426,988

Plan Sponsor: International Association of Machinist and Aerospace Workers
Plan Name: International Association of Machinist and Aerospace Workers Pension Plan
EIN: 53-6001417
Plan Number: 004

Schedule SB, Line 26a – Schedule of Active Participant Data:

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS												
ACTIVE PARTICIPANTS AS OF JANUARY 1, 2024												
AGE	COMPLETED YEARS OF SERVICE										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	9	4	0	0	0	0	0	0	0	0	0	13
30-34	8	15	5	3	0	0	0	0	0	0	0	31
35-39	10	22	19	7	3	0	0	0	0	0	0	61
40-44	6	34	26	10	7	2	0	0	0	0	0	85
45-49	11	37	26	13	11	4	1	0	0	0	0	103
50-54	6	33	36	22	13	7	3	0	0	0	0	120
55-59	9	32	45	24	33	13	7	0	1	0	0	164
60-64	2	20	26	24	25	10	3	1	1	0	0	112
65-69	1	5	6	3	3	5	3	0	0	0	0	26
70 & Up	1	0	1	0	1	0	1	0	0	0	0	4
Total	63	202	190	106	96	41	18	1	2	0	0	719

Average Age = 51.37

Average Service = 8.91

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan International Association of Machinists and Aerospace Workers Pension Plan		1b Three-digit plan number (PN) ▶	004
		1c Effective date of plan	01/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) International Association of Machinists and Aerospace Workers 9000 Machinists Place Upper Marlboro MD 20772-2687		2b Employer Identification Number (EIN)	53-6001417
		2c Plan Sponsor's telephone number	(301) 967-4716
		2d Business code (see instructions)	813930

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		9/30/25	DORA CERVANTES
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,732
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 661 6a(2) 677 6b 1,467 6c 175 6d 2,319 6e 409 6f 2,728 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

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