

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 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] 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. [X]
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 IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 01/01/2008
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) BOARD OF TRUSTEES, IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN 196 ORCHARD PARK ROAD WEST SENECA, NY 14224
2b Employer Identification Number (EIN) 26-1899241
2c Plan Sponsor's telephone number 716-828-1400
2d Business code (see instructions) 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include James Willis III (plan administrator), James Logan (employer/plan sponsor), and a row for 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	351
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)	332
	6a(2)	359
	6b	11
	6c	0
	6d	370
	6e	4
	6f	374
	6g(1)	351
	6g(2)	374
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	50

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

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 type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 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 **06/01/2024** and ending **05/31/2025**

A Name of plan IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	D Employer Identification Number (EIN) 26-1899241	

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

SEI PRIVATE TRUST COMPANY **1 FREEDOM VALLEY DRIVE**
OAKS, PA 19460

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

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

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

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)

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(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	NONE	32130	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)

RONALD SOKOLOWSKI

13-3234213

(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?
30	EMPLOYEE	29600	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)

TAMMI HABERMEHL

13-3234213

(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?
30	EMPLOYEE	27426	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)

MARINER INSTITUTIONAL, LLC

59-3676255

(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?
17	NONE	16000	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)

M&T BANK

16-0538020

(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 72	NONE	14063	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES, INC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	12133	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)

LIPSITZ GREEN SCIME & CAMBRIA LLP

16-0905097

(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	NONE	5173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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.	<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 06/01/2024 and ending 05/31/2025

A Name of plan <u>IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN</u>	D Employer Identification Number (EIN) <u>26-1899241</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>AFL-CIO BUILDING INVESTMENT TRUST</u>	
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY LLC</u>	
c EIN-PN <u>52-6328901-001</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>436842</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)

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025		
A Name of plan IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	D Employer Identification Number (EIN) 26-1899241	

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	117908	-409815
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	347889	398305
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23501	61631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	908881	1893265
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	192900	118627
(6) Real estate (other than employer real property)	1c(6)	1864094	1655716
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	220172	436842
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24505410	28005400
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	592	
f Total assets (add all amounts in lines 1a through 1e).....	1f	28181347	32159971
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	654017	564826
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	654017	564826
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	27527330	31595145

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)	3015407	
(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)		3015407
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	68913	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		68913
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	689606	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		689606
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	14271	
(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)		11306
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1817739
c Other income	2c		7327
d Total income. Add all income amounts in column (b) and enter total	2d		5624569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1377727	
(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)		1377727
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)	57026	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	16138	
(4) IQPA audit fees	2i(4)	32130	
(5) Investment advisory and investment management fees	2i(5)	16000	
(6) Bank or trust company trustee/custodial fees	2i(6)	14063	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5173	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38497	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		179027
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1556754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4067815
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: **ARCARA LENDA EUSANIO & STACEY CPAS**

(2) EIN: **47-1793720**

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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Ironworkers Local No. 6 Profit Sharing Plan
Financial Statements
For the Years Ended May 31, 2025 and 2024

Ironworkers Local No. 6 Profit Sharing Plan

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Independent Auditor's Report

To the Board of Trustees of
Ironworkers Local No. 6 Profit Sharing Plan

Opinion

We have audited the accompanying financial statements of the Ironworkers Local No. 6 Profit Sharing Plan (the "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 May 31, 2025 and 2024, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Ironworkers Local No. 6 Profit Sharing Plan as of May 31, 2025 and 2024, 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. 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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 of assets held at end of year and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Arcara Lenda Cusano + Stacey, CPAs, P.C.

Williamsville, New York
September 18, 2025

Ironworkers Local No. 6 Profit Sharing Plan

Statements of Net Assets Available for Benefits As of May 31, 2025 and 2024

	2025	2024
Assets		
Investments, at Fair Value	\$ 31,637,536	\$ 27,187,382
Receivables		
Employer Contributions	398,305	347,889
Accrued Interest	4,893	3,900
Due from Related Funds	41,050	-
	444,248	351,789
Cash, Non-Interest Bearing	(409,815)	117,908
Office Equipment		
Cost	7,557	7,557
Less Accumulated Depreciation	(7,557)	(6,965)
	-	592
Prepaid Expenses	10,338	10,338
Total Assets	31,682,307	27,668,009
Liabilities		
Payroll Taxes Payable	4,474	-
Due to Other Funds (Reciprocal Agreements)	82,688	109,343
Due to Related Funds	-	31,336
	87,162	140,679
Total Liabilities	87,162	140,679
Net Assets Available for Benefits	\$ 31,595,145	\$ 27,527,330

Ironworkers Local No. 6 Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended May 31, 2025 and 2024

	2025	2024
Additions to Net Assets		
Investment Income		
Interest and Dividends	\$ 758,519	\$ 651,480
Net Appreciation in Fair Value of Investments	1,843,316	2,556,548
	2,601,835	3,208,028
Less Investment Expense	(30,063)	(27,997)
	2,571,772	3,180,031
Employer Contributions	3,015,407	2,121,537
Other Income	7,327	5,079
	5,594,506	5,306,647
Deductions from Net Assets		
Benefits Paid to Participants	1,377,727	2,233,101
Administrative Expense		
Compensation	28,699	51,704
Depreciation	592	1,185
Employee Benefits	28,327	49,615
Insurance	15,835	14,515
Office Expense	7,704	7,646
Professional Services		
Accounting	32,130	30,325
Computer Programming	16,138	15,252
Legal	5,173	6,950
Other	2,375	4,375
Rent, Office	6,300	6,300
Taxes, Payroll	2,432	4,617
Trustee Meetings and Conventions	3,259	3,088
	148,964	195,572
	1,526,691	2,428,673
Increase in Net Assets	4,067,815	2,877,974
Net Assets Available for Benefits		
Beginning of Year	27,527,330	24,649,356
End of Year	\$ 31,595,145	\$ 27,527,330

See Notes to Financial Statements.

Ironworkers Local No. 6 Profit Sharing Plan

Notes to Financial Statements May 31, 2025 and 2024

Note 1 - Description of the Plan

The following description of Ironworkers Local No. 6 Profit Sharing Plan (the “Plan” or “Profit Sharing Plan”) provides only general information. Participants should refer to the Plan of Benefits for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution, multiemployer profit-sharing plan which covers all eligible members of Ironworkers Local 6 (the “Union”) and certain other persons who have had contributions paid into the Plan on their behalf by a contributing employer. The Plan also allows employees of the Union and employees of a contributing benefit fund to be eligible to participate in the Plan if the Board of Trustees agrees to accept contributions on their behalf. The Plan, which was established January 1, 2008, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by a Joint Board of Trustees, consisting of members appointed by both employers and the Union. The Plan’s investments are overseen by an investment advisor who determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Plan’s Board of Trustees, who has overall responsibility for the Plan’s investments.

Participation

Participation in the Plan is as of the first day of the Plan year in which an eligible employee completes 240 or more hours of service. Apprentices are not eligible to participate in the Plan until they have reached the status of second year apprentice.

Funding Policy

Contributions to the Plan are provided by employers primarily in the construction industry in the Western New York area and are based on an hourly rate for hours worked in covered employment at rates negotiated under the collective bargaining agreement.

Contributions which apply to the current year that are received in the following year are reported as employer contributions receivable. Employer contributions reported on the statements of changes in net assets available for benefits for years ended May 31, 2025 and 2024, are net of \$747,055 and \$456,119, respectively, paid and payable to other funds under reciprocal agreements.

Participant Accounts

The Plan maintains a separate account on behalf of each participant, which represents his or her share in the trust fund. Each participant’s account is credited with an allocated portion of total contributions made by employers during the Plan year and is reduced by administrative charges or benefit distributions made from such an account. Benefits paid to participants, or their beneficiaries, are charged directly against the respective participant’s account. Administrative expenses may be proportionately allocated among all participant accounts; however, expenses that are attributed directly to an individual participant will be charged to such participant’s account. In addition, effective November 30, 2022, participant accounts are credited with their proportionate share of investment earnings or losses after the last day of the second, third, and fourth Plan year quarter.

Note 1 (Continued)

A participant's share of employer contributions is determined by multiplying total contributions for the Plan year by the following fraction:

$$\frac{\text{(The individual participant's employer contributions) times (The individual participant's total years of service)}}{\text{The sum-total of [(each participant's employer contributions) times (each participant's total years of service)] for all participants.}}$$

A participant's "Total Years of Service" is the sum of "Years of Past Service" and "Years of Future Service."

"Years of Past Service" is the total number of Plan years beginning prior to June 1, 2006, in which the participant was credited with 1,000 or more hours of service under the Ironworkers Local No. 6 Pension Plan ("Pension Plan"). Partial years of Past Service will be credited if a participant earned 240 or more hours of service in a Plan year prior to June 1, 2006, but less than 1,000 hours of service. Years of Past Service will not be credited if a participant retired under the Pension Plan prior to June 1, 2006, or if he or she incurred a two-year break in service under the Pension Plan beginning June 1, 2004.

A "Year of Future Service" is a Plan year beginning on or after June 1, 2006, during which a participant is credited with 1,000 or more hours of service. Partial years of Future Service will be proportionately credited for participants who worked less than 1,000 hours.

Contributions allocated to an individual participant's account are subject to limitations imposed under the Internal Revenue Code.

Vesting

If a participant works one hour for a contributing employer after January 1, 2009, he or she becomes 100% vested in their account upon completion of three years of vesting service or if the participant is employed by a contributing employer on or after the Normal Retirement Age (see below). Other participants become vested upon completion of five years of vesting service. One year of vesting service is earned upon completion of 1,000 hours or more of service with a contributing employer. Fractions of a year of vesting service will be credited for hours of service below 1,000. A participant may also receive vesting credit for more than one year of vesting service in a Plan year.

A participant may lose vesting credit for prior service if they incur a break in service. A break in service is defined as any Plan year in which a participant completes less than 240 hours of service. In addition, if a non-vested participant incurs five consecutive breaks in service, any service earned prior to such breaks will no longer count for vesting purposes.

Certain exceptions apply to the rules regarding breaks in service for absences due to qualified military service and maternity or paternity leave.

Forfeitures

If a member is not vested in his or her account and incurs a five-year break in service, their account balance will be forfeited. Forfeited account balances are first used to credit participants who leave covered employment for military service that are returning to work with employer contributions that would have been allocated to his or her account. Any remaining forfeited accounts balances will be utilized towards the payment of Plan expenses.

Plan Benefits

Normal Retirement Benefit

Under the Plan a member may retire with a normal pension benefit at age 55.

Note 1 (Continued)

Disability Benefit

If a participant has become totally and permanently disabled, he or she is entitled to receive their vested account balance. If the participant does not elect to receive distribution of his or her account, their account balance will be distributed when the participant attains age 55 or upon their death.

Death Benefit

In the event of the death of a participant prior to commencement of benefit payments, the participant's entire account balance will be paid to the participant's eligible beneficiary. If a participant is married at the time of his or her death, the beneficiary is the participant's spouse unless otherwise elected.

Termination of Employment

A "Termination of Employment" will occur upon two consecutive one-year breaks in service. If a Termination of Employment is incurred prior to attaining age 55, his or her account balance will be distributed when the participant attains age 55 or upon their death.

Unless otherwise elected, distribution of the participant's vested account will be made through purchase of an annuity contract from an insurance company. If the balance in the participant's account is \$5,000 or less, it will be distributed in a single cash lump sum payment. If a participant is unmarried at the time of death, his or her beneficiary may either elect to receive benefits in a single lump-sum payment in cash or in equal installments over a period certain, with any balance remaining after the beneficiary's death to be paid in a single cash lump sum to his or her beneficiary.

The Plan also allows for all or a portion of distributions to be rolled over to an Individual Retirement Account or another qualified employer plan.

All benefits are paid directly from the net assets of the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are stated on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and changes therein. Actual results could differ from those estimates.

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 5 for a discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on an ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Note 2 (Continued)

Employer Contributions Receivable

Employer contributions receivable on May 31, are accrued based on an analysis of subsequent employer reports and remittances as well as collectability.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Office Equipment

Office equipment, which includes computer hardware and software, is stated at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the equipment, which generally is five years.

Subsequent Events

The Plan has evaluated subsequent events through September 18, 2025, the date these financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

Note 3 - Amendment and Termination

Amendment

The Trustees have the right to amend the Plan at any time. In no event, however, will any amendment authorize or permit any part of the Plan assets to be used for purposes other than the exclusive benefit of participants or their beneficiaries, or cause any reduction in the amount credited to a participant's account.

Termination

It is the present intention of the Trustees to continue the Plan indefinitely. The Trustees have the right to terminate the Plan when there is no longer a collective bargaining agreement in force between the Union and an employer requiring contributions to the Plan. Upon termination, all amounts credited to participant accounts will be 100% vested.

Note 4 - Cash

As of May 31, 2025, the non-interest-bearing cash account reflects a negative balance of \$409,815 due to an outstanding benefit check issued at year-end, which had not yet cleared. This overdraft is covered by an automated sweep arrangement with the bank, ensuring sufficient funds upon presentation.

Note 5 - Fair Value Measurement

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

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

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and

Note 5 (Continued)

- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of May 31, 2025 and 2024.

Cash, Interest Bearing: Valued at cost, which approximates fair value.

Money Market Funds: Valued at amortized costs, which approximate fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-ended mutual funds that 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.

Real Estate Funds: Valued at NAV of interests held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5 (Continued)

The following table sets forth the Plan's investment assets at fair value as of May 31, 2025:

Investments, at Fair Value	Level 1	Level 2	Level 3	Total
<u>Investments within the Fair Value Hierarchy</u>				
Cash, Interest Bearing	\$ -	\$ 773,095	\$ -	\$ 773,095
Money Market Fund	1,042,207	-	-	1,042,207
Mutual Funds	28,005,400	-	-	28,005,400
Total Investments Within the Fair Value Hierarchy	29,047,607	773,095	-	29,820,702
<u>Investments at Net Asset Value</u>				
AFL-CIO Building Investment Trust				436,842
American Core Realty Fund				1,379,992
Total Investments at Net Asset Value				1,816,834
Total Investments, at Fair Value				\$ 31,637,536

The following table sets forth the Plan's investment assets at fair value as of May 31, 2024:

Investments, at Fair Value	Level 1	Level 2	Level 3	Total
<u>Investments within the Fair Value Hierarchy</u>				
Money Market Fund	\$ 890,716	\$ -	\$ -	\$ 890,716
Mutual Funds	24,505,410	-	-	24,505,410
Total Investments within the Fair Value Hierarchy	25,396,126	-	-	25,396,126
<u>Investments at Net Asset Value</u>				
AFL-CIO Building Investment Trust				425,536
American Core Realty Fund				1,365,720
Total Investments at Net Asset Value				1,791,256
Total Investments, at Fair Value				\$ 27,187,382

In the Plan's financial statements as of and for the year ended May 31, 2024, money market funds were classified as a Level 2 investment. Further evaluation of the money market funds indicates that such funds are more appropriately classified as Level 1 investments. The current presentation of money market funds as of May 31, 2024, reflects the updated classification.

Fair Value of Investments at Net Asset Value

The Plan utilized NAV per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value, and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments was measured using NAV (or its equivalent):

	Fair Value 2025	Fair Value 2024	Redemption Frequency	Redemption Notice Period	Remaining Commitment
AFL-CIO Building Investment Trust	\$ 436,842	\$ 425,536	Quarterly	365 Days	\$ -
American Core Realty Fund	1,379,992	1,365,720	Quarterly	10 Days	-
	\$ 1,816,834	\$ 1,791,256			\$ -

Note 5 (Continued)

The Profit-Sharing Plan owns units in each of its investments at net asset value. Units are purchased and redeemed through periodic transactions and the value of the units purchased or redeemed in such transactions is based on the unit value applicable to the valuation date at which each individual transaction occurred.

The *AFL-CIO Building Investment Trust* (the “BIT” or the “Trust”) is a bank collective trust for which Great Gray Trust Company is trustee and custodian of the Trust and DWS is investment manager. The participant interests in the BIT are not bank deposits, and are not insured by, issued by, guaranteed by, endorsed by or obligations of the FDIC, the Federal Reserve Board or any other governmental agency, or Great Gray Trust Company. Investments in BIT involve risk, including possible loss of principal, and the investment objectives of the BIT may not be met. Investing in real estate involves risk. Real estate equities are subject to risks similar to those associated with the direct ownership of real estate. Portfolios concentrated in real estate may experience price volatility and other risks associated with non-diversification.

The BIT generally invests directly or indirectly in commercial real estate through equity investment and occasionally through the provision of financing. Investments in commercial real estate will be subject to risks inherent in or customarily associated with the ownership of income-producing real estate in the case of equity investments, and subject to risks inherent in or customarily associated with the risks of lending secured directly or indirectly by income producing real estate in the case of financing. Real estate investments may be illiquid and are affected by changing economic, demographic, financial, investment, legal conditions, governmental regulations, and changes in tax laws, among other factors. As a result of such factors, real estate investment can be expected to fluctuate. Independent appraisals are performed annually for each investment within the BIT by independent third-party appraisers who are certified members of the Appraisal Institute. The Trustee of the BIT has retained an independent consultant to manage and administer the property valuation and appraisal process for the Trust. The consultant reviews and opines on annual valuations and performs quarterly appraisals for each investment. The BIT performs various procedures to evaluate the appropriateness of the fair values provided by third-party appraisers. Mortgage loans receivable within the Trust are carried at fair value as estimated quarterly by the Trust’s management utilizing independent pricing services, appraisals, available market data, or a discounted cash flow methodology. The Trust is audited by an independent public accounting firm on an annual basis.

Participants are admitted to and withdrawn from the Trust based on the preceding quarter’s unit value. The Trustee of the Trust may waive the one-year withdrawal notice requirement, but the Trustee is not required to do so. The Profit Sharing Plan’s value of its investment at May 31, 2025 and 2024, is based on the value on March 31, 2025 and 2024, respectively. The next valuation of the Profit-Sharing Plan’s investment on June 30, of the respective year-end was not materially different from the value disclosed on May 31.

In November 2022, the Plan’s Board of Trustees decided to submit for full redemption of its interest in the BIT. The redemption process is likely to occur over an extended period. The Profit Sharing Plan received no redemption proceeds during years ended May 31, 2025 and 2024.

The *American Core Realty Fund, LP* (“ACR Fund”) was formed as a limited liability company and was converted to a limited partnership organized in the State of Delaware effective as of January 1, 2015. American Realty Advisors (“American”) serves as the ACR Fund’s Investment Manager and is custodian of the Fund’s real estate assets, and ACRF Management, LLC serves as the ACR Fund’s General Partner.

Note 5 (Continued)

The ACR Fund is an open-end diversified core commingled real estate fund that invests in private real estate. The ACR Fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments 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. The redemption price will be the value per unit based on American's estimate of the fair value of the ACR Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although American is required to use reasonable efforts to cause the ACR Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. American is not required to liquidate or encumber assets or defer investments to satisfy redemption requests. The ACR Fund is audited by an independent public accounting firm on an annual basis.

The ACR Fund calculates valuations on a quarterly basis. The Profit Sharing Plan's value of its investment at May 31, 2025 and 2024, is based on the value on March 31, 2025 and 2024, respectively. The next valuation of the Profit-Sharing Plan's investment on June 30, of the respective year-end was not materially different from the value disclosed on May 31.

Note 6 - Risks, Uncertainties, Concentrations

Risks and Uncertainties

The Plan's assets include various investment securities which are exposed to interest rate, market, and credit risks. Due to the level of risk associated with 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 net assets available for benefits.

Concentration

The Plan places its cash deposits with high quality financial institutions. The balances in its accounts at times exceed the federally insured limit.

Note 7 - Transactions with Parties-in-Interest and Related Parties

Parties-in-Interest

Wilmington Trust provides custodial services to the Plan. The Plan's money market investments are maintained in a fund sponsored by Wilmington Trust and totaled \$1,042,207 and \$890,716 at May 31, 2025 and 2024, respectively, which represents approximately 3.3% of the Plan's investments at each respective year end. Fees paid by the Plan to Wilmington Trust amounted to \$14,063 and \$11,997 for years ended May 31, 2025 and 2024, respectively.

Related Parties

Employees of Ironworkers Local #6 Medical and S.U.B. Pay Plan ("Medical and S.U.B. Pay Plan") perform various administrative and clerical functions for the Profit Sharing Plan, Ironworkers Local 6 Pension Plan ("Pension Plan"), and Ironworkers Local 6 Retirement Fund ("Retirement Fund"). All expenses applicable to such functions, including compensation, payroll taxes, and employee benefits, are paid directly by the Medical and S.U.B. Pay Plan and are allocated among the funds based on management estimates. Amounts paid by the Medical and S.U.B. Pay Plan which were allocated to the Profit Sharing Plan totaled \$59,458 and \$105,936 for years ended May 31, 2025 and 2024, respectively. Monthly payments made from the Profit Sharing Plan to the Medical and S.U.B. Pay Plan exceeded these costs by \$8,742 for the year ended May 31, 2025. At May 31, 2024, the unpaid portion of such activity with the Medical and S.U.B. Pay Plan amounted to \$31,336.

Note 7 (Continued)

In addition, the Medical & S.U.B. Pay Plan administers a clearing account to collect employer remittances to the Profit-Sharing Plan and other affiliated benefit funds and the Union. At May 31, 2025, \$32,308 was owed to the Profit Sharing Plan from the clearing account for employer remittances received. At May 31, 2024, all amounts collected by the Medical & S.U.B. Pay Plan in the clearing account on behalf of the Profit Sharing Plan were remitted to the Profit Sharing Plan.

At May 31, 2025 and 2024, the net amounts receivable (payable) to the Medical & S.U.B. Pay Plan totaled \$41,050 and (\$31,336), respectively.

The Plan leases its office facilities on a month-to-month basis from a related party, Ironloc No. 6 Corporation, at a rate of \$525 per month. Accounting Standards Codification 842, *Leases*, requires the recognition of right-of-use assets and lease liabilities for all material, long-term leases. The lease standard does not have a material effect on the Plan's financial statements, therefore an asset and liability in the statement of net assets available for benefits was not recorded.

Note 8 - Pension Plans

Employees of the Medical and S.U.B. Pay Plan are participants in the Retirement Plan and in the Pension Plan (multiemployer defined benefit pension plans) as well as in the Profit-Sharing Plan. The Plan's allocated share of pension contributions made on behalf of such employees totaled \$12,377 and \$21,770 for the years ended May 31, 2025 and 2024, respectively.

Note 9 - Tax Status

On March 23, 2015, the Plan received a favorable determination letter from the Internal Revenue Service ("IRS") indicating that it qualifies under Section 401(a) of the Internal Revenue Code ("IRC") and, therefore, is exempt from liability for Federal income taxes under provisions of Section 501(a) of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes the Plan is no longer subject to income tax examination for years prior to May 31, 2022.

Note 10 - Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with accounting principles generally accepted in the United States of America, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured based on revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

Form 5500 requires that any Plan investment that is not a direct filing entity be disaggregated on the Plan's Form 5500. The Plan's investment in American Realty Advisors Core Property Fund has been disaggregated for reporting purposes on the Plan's Form 5500.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500, Schedule H, such fees are included as administrative expenses.

Ironworkers Local No. 6 Profit Sharing Plan

Supplemental Information

For the Year Ended May 31, 2025

Ironworkers Local No. 6 Profit Sharing Plan

EIN: 26-1899241 Plan Number 001
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Face Value/ No. of Shares		
	Investments, at Fair Value			
	Cash, Interest Bearing	773,095 Units	\$ 773,095	\$ 773,095
	Money Market Funds			
*	Wilmington U.S. Gov't MM Fund	1,042,207 Units	1,042,207	1,042,207
	Mutual Funds			
	Baird Aggregate Bond Fund	894,906 Shares	9,688,632	8,707,432
	Baird Short Term Bond	260,424 Shares	2,509,420	2,476,633
	Vanguard Extnd Index	21,700 Shares	1,381,039	3,019,539
	Vanguard 500 Index	20,352 Shares	3,876,393	11,123,658
	Vanguard Total International Stock Index	74,455 Shares	2,055,632	2,678,138
	Total Mutual Funds		19,511,116	28,005,400
	Other Investments			
	AFL-CIO Building Investment Trust	78.92 Shares	500,000	436,842
	American Core Reality Fund	11.53 Shares	1,000,000	1,379,992
	Total Other Investments		1,500,000	1,816,834
	Total Investments, at Fair Value		\$ 22,826,418	\$ 31,637,536

*Party-in-Interest

Ironworkers Local No. 6 Profit Sharing Plan

**EIN: 26-1899241 Plan Number 001
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended May 31, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash, Interest Bearing	Cash, Interest Bearing	\$ 1,158,955				\$ 1,158,955	\$ 1,158,955	
Cash, Interest Bearing	Cash, Interest Bearing		\$ 385,860			385,860	385,860	\$ -
Wilmington U.S. Government MM Fund	Money Market Fund	2,515,554				2,515,554	2,515,554	
Wilmington U.S. Government MM Fund	Money Market Fund		2,364,063			2,364,063	2,364,063	\$ -

Ironworkers Local No. 6 Profit Sharing Plan

**EIN: 26-1899241 Plan Number 001
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended May 31, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Cash, Interest Bearing	Cash, Interest Bearing	\$ 1,158,955				\$ 1,158,955	\$ 1,158,955	
Cash, Interest Bearing	Cash, Interest Bearing		\$ 385,860			385,860	385,860	\$ -
Wilmington U.S. Government MM Fund	Money Market Fund	2,515,554				2,515,554	2,515,554	
Wilmington U.S. Government MM Fund	Money Market Fund		2,364,063			2,364,063	2,364,063	\$ -

Ironworkers Local No. 6 Profit Sharing Plan

EIN: 26-1899241 Plan Number 001
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Face Value/ No. of Shares		
	Investments, at Fair Value			
	Cash, Interest Bearing	773,095 Units	\$ 773,095	\$ 773,095
	Money Market Funds			
*	Wilmington U.S. Gov't MM Fund	1,042,207 Units	1,042,207	1,042,207
	Mutual Funds			
	Baird Aggregate Bond Fund	894,906 Shares	9,688,632	8,707,432
	Baird Short Term Bond	260,424 Shares	2,509,420	2,476,633
	Vanguard Extnd Index	21,700 Shares	1,381,039	3,019,539
	Vanguard 500 Index	20,352 Shares	3,876,393	11,123,658
	Vanguard Total International Stock Index	74,455 Shares	2,055,632	2,678,138
	Total Mutual Funds		19,511,116	28,005,400
	Other Investments			
	AFL-CIO Building Investment Trust	78.92 Shares	500,000	436,842
	American Core Reality Fund	11.53 Shares	1,000,000	1,379,992
	Total Other Investments		1,500,000	1,816,834
	Total Investments, at Fair Value		\$ 22,826,418	\$ 31,637,536

*Party-in-Interest