

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... B This return/report is: [] a single-employer plan [] a DFE... 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... 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 RETIREMENT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 06/01/2021 2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN 2b Employer Identification Number (EIN) 87-2177114 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, Name. Rows for JAMES WILLIS III (plan administrator), JAMES LOGAN (employer/plan sponsor), and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	231
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)	206
	6a(2)	209
	6b	0
	6c	24
	6d	233
	6e	0
	6f	233
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	49

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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 checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

► **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>IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>87-2177114</u>

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>5360872</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>5360872</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>3894241</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) <u>0</u>
(b) Accrued liability under entry age normal method	1c(2)(b) <u>0</u>
(c) Normal cost under entry age normal method	1c(2)(c) <u>0</u>
(3) Accrued liability under unit credit cost method	1c(3) <u>3894241</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>5282986</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>1772194</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>41046</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>41046</u>

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

SIGN HERE <u>ADAM N. RUSSO, EA, ASA</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>6 PPG PLACE, SUITE 200</u> <u>PITTSBURGH, PA 15222</u> Address of the firm	<u>11/20/2025</u> Date <u>23-08650</u> Most recent enrollment number <u>412-851-5273</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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	5360872
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	0	0
(2) For terminated vested participants	12	238319
(3) For active participants:		
(a) Non-vested benefits		299503
(b) Vested benefits		4745164
(c) Total active	206	5044667
(4) Total	218	5282986
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/01/2024	2563110					
			Totals ▶	3(b)	2563110	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	137.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	8P20+21
(2) Females	6c(2)	8FP20+21
d Valuation liability interest rate	6d	5.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	171000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1314909

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		65745
e Total charges. Add lines 9a through 9d.....	9e		1380654
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		2032500
g Employer contributions. Total from column (b) of line 3.....	9g		2563110
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		165703
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1974817	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	955693	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		4761313
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		3380659
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 RETIREMENT 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 RETIREMENT PLAN	D Employer Identification Number (EIN) 87-2177114	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	44400	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)

USI CONSULTING GROUP

06-1053228

(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 50	NONE	24615	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)

ARCARA LENDA EUSANIO & STACEY

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	21569	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

59-3676225

(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?
27 17	NONE	14250	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

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 99	NONE	10633	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)

LIPSITZ GREEN SCIME CAMBRIA

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	5550	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"/>

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 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 06/01/2024 and ending 05/31/2025	
A Name of plan IRONWORKERS LOCAL NO. 6 RETIREMENT 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 RETIREMENT PLAN	D Employer Identification Number (EIN) 87-2177114

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	172478	164769
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	294449	382914
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7272	31476
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1672832	1954466
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3323067	5809501
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5470098	8343126
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3000	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	106226	63680
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	109226	63680
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5360872	8279446

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)	2611815	
(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)		2611815
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	59366	
(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)		59366
(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)	131442	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		131442
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		280002
c Other income	2c		6654
d Total income. Add all income amounts in column (b) and enter total	2d		3089279

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)	51256	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	15013	
(4) IQPA audit fees	2i(4)	21569	
(5) Investment advisory and investment management fees	2i(5)	14250	
(6) Bank or trust company trustee/custodial fees	2i(6)	3094	
(7) Actuarial fees	2i(7)	24615	
(8) Legal fees	2i(8)	5550	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	35358	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		170705
j Total expenses. Add all expense amounts in column (b) and enter total	2j		170705

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2918574
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 567052.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 RETIREMENT 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 RETIREMENT PLAN	D Employer Identification Number (EIN) 87-2177114	

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 STONEBRIDGE INC.

b EIN 22-3476611 **c** Dollar amount contributed by employer 756466

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2027

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

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

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

a Name of contributing employer SENECA STEEL ERECTORS INC.

b EIN 16-1547688 **c** Dollar amount contributed by employer 366715

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2027

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

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

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

a Name of contributing employer NICHOLSON CORPORATION

b EIN 22-3485089 **c** Dollar amount contributed by employer 315868

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2027

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

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

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

a Name of contributing employer IROQUOIS BAR CORPORATION

b EIN 16-1570355 **c** Dollar amount contributed by employer 163578

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2027

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	87-2177114	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	5			7		
25 to 29	6			15		
30 to 34	5			25		
35 to 39	5			27		
40 to 44	4			17		
45 to 49	4			31		
50 to 54				27		
55 to 59				15		
60 to 64	1			11		
65 to 69				1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	87-2177114	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	87-2177114	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Ironworkers Local 6 Retirement Plan
Financial Statements
For the Years Ended May 31, 2025 and 2024

Ironworkers Local 6 Retirement Plan

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Independent Auditor's Report

To the Board of Trustees of
Ironworkers Local 6 Retirement Plan

Opinion

We have audited the accompanying financial statements of the Ironworkers Local 6 Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of May 31, 2024, the related statement of changes in accumulated plan benefits for the year 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 6 Retirement Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2024, and the changes in its accumulated plan benefits for the year 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 aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 are 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 Eusario + Stacey, CPAs, P.C.

Williamsville, New York
September 18, 2025

Ironworkers Local 6 Retirement Plan

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

	2025	2024
Assets		
Investments, at Fair Value	\$ 7,763,967	\$ 4,995,899
Receivables		
Employer Contributions	382,914	294,449
Accrued Interest	6,814	7,272
Due from Related Funds, Net	24,662	-
	414,390	301,721
Cash, Non Interest Bearing	164,769	172,478
	8,343,126	5,470,098
Total Assets		
Liabilities		
Payables		
Accounts Payable and Accrued Expenses	-	3,000
Due to Other Funds (Reciprocal Agreements)	63,680	81,942
Due to Related Funds	-	24,284
	63,680	109,226
Total Liabilities		
Net Assets Available for Benefits	\$ 8,279,446	\$ 5,360,872

Ironworkers Local 6 Retirement 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	\$ 190,808	\$ 121,021
Net Appreciation in Fair Value of Investments	280,002	321,167
	470,810	442,188
Less Investment Service Fees	(17,344)	(12,728)
	453,466	429,460
Employer Contributions	2,611,815	1,833,975
Employer Interest and Late Fees	6,654	114
Other Income	-	14
	3,071,935	2,263,563
Deductions from Net Assets		
Administrative Expense		
Compensation	27,690	27,420
Conference	1,926	1,755
Employee Benefits	23,566	24,532
Insurance	14,584	9,723
Office Expense	7,284	7,627
Professional Services		
Legal	5,550	4,989
Accounting	21,569	18,100
Actuarial	24,615	25,500
Computer Programming	15,013	39,077
Rent	6,300	6,300
Sundry	2,938	2,216
Taxes, Payroll	2,326	2,532
	153,361	169,771
Total Deductions	153,361	169,771
Increase in Net Assets	2,918,574	2,093,792
Net Assets Available for Benefits		
Beginning of Year	5,360,872	3,267,080
	5,360,872	3,267,080
End of Year	\$ 8,279,446	\$ 5,360,872

Ironworkers Local 6 Retirement Plan

Statement of Accumulated Plan Benefits As of May 31, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested Benefits	
Active Participants	\$ 3,500,172
Pensioners	194,044
Deferred Vested Participants	12,968
	<hr/>
	3,707,184
Non-Vested Benefits	187,057
	<hr/>
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 3,894,241

Ironworkers Local 6 Retirement Plan

Statement of Changes in Accumulated Plan Benefits For the Year Ended May 31, 2024

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Actuarial Present Value of Accumulated Plan Benefits at June 1, 2023	\$ 2,173,718
Increase During the Year Attributable to:	
Benefit Accumulation, etc.	1,350,885
Change in the Discount Period	108,686
Plan Amendment	260,952
<hr/>	
Net Increase	1,720,523
<hr/>	
Actuarial Present Value of Accumulated Plan Benefits at May 31, 2024	\$ 3,894,241
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Ironworkers Local 6 Retirement Plan

Notes to Financial Statements May 31, 2025 and 2024

Note 1 - Description of the Plan

The following description of Ironworkers Local 6 Retirement Plan (the “Plan” or “Retirement Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit, multiemployer pension 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 June 1, 2021, 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 three hundred or more hours of service.

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 \$576,039 and \$342,287, respectively, paid and payable to other funds under reciprocal agreements.

Benefit Accrual Service

Each plan year in which a participant completes three hundred or more hours of service, they will accrue years of credited service. Years of credited service determine the benefit the participant earns in that plan year. Participants accrue one twelve hundredth of a year of credited service for each hour of service, to a maximum of one year of credited service (1,200 hours) during a plan year. If a participant completes less than three hundred hours of service, they will accrue no credited service or benefit in that plan year.

Vesting

A participant will become fully vested once they have completed five years of vesting service. 100% vesting is also achieved if the participant is employed by a contributing employer on or after their normal retirement age. The normal retirement age is the later of age 62 or the fifth anniversary of their participation in the Plan. A “year of vesting service” is a plan year during which the participant is credited with 1,000 or more hours of service. A participant will be credited with years and fractions of a year of vesting service as their hours of service earned during the plan year bears to 1,000. A participant may receive credit for more than one year of vesting service in a Plan year. The years of vesting service include years of vesting service earned under the Ironworkers Local 6 Profit Sharing Plan, a related benefit plan, which have not been lost due to a break-in-service under the rules of that plan.

Note 1 (Continued)

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

Plan Benefits

Benefit Accrual

A participant will accrue a monthly benefit of \$100 for each year, or fractional part of a year of credited service they accrue in a plan year. The accrued benefit at any point in time is the sum of the value of the annual amounts they have accrued under the Plan, payable as a monthly amount on their normal retirement date under the “life only annuity” form of benefit, adjusted as set forth below.

The Plan also has a hurdle rate, or an annual investment return target, of 5%. The accrued benefit will be subject to an annual adjustment, either up or down, each year based on the ratio of the Plan’s investment return for the plan year over or under the hurdle rate. The annual adjustment is $(1 + \text{actual return on assets during the plan year})$ divided by $(1 + \text{hurdle rate})$. These annual adjustments apply both before and after retirement. After the initial year of credited service, the accrued benefit will consist of the monthly benefit earned in the initial year of credited service. Thereafter, the accrued benefit will consist of the sum of the accrued benefit earned for the current plan year, plus the accrued benefit earned as of the end of the prior plan year multiplied by the annual adjustment.

Normal Retirement Benefit

Under the Plan a member may retire with a normal pension benefit at the later of age 62 or on the fifth anniversary of participation in the Plan.

Early Retirement Benefit

Under the Plan a member may retire and receive a reduced benefit after attaining age 55 with five or more years of vesting service.

Disability Benefit

If a participant has become permanently disabled, he or she is entitled to receive a reduced monthly benefit if they are age 40 or over with at least five years of vesting service and has received a determination of disability from the U.S. Social Security Administration.

Death Benefit

In the event a participant dies prior to the commencement of benefit payments, the surviving spouse (if any) will be paid a monthly pension in the form of a qualified pre-retirement survivor annuity.

If the participant is married and dies after they are eligible for a normal or early retirement benefit, but before any distribution of the accrued benefit is made, distribution of the accrued benefit will be made to the spouse in the form of a “qualified preretirement survivor annuity.” Under a qualified preretirement survivor annuity, the spouse will receive a lifetime monthly benefit as if the participant had retired on a 50% joint and survivor annuity on the day before death. The spouse's monthly survivor benefit will be subject to the annual adjustment.

In the event of the death of a participant prior to commencement of benefit payments, but at a time when they did not qualify for a pension and they are survived by a spouse, the spouse will be entitled to a qualified preretirement survivor annuity, payment of which, however, will be deferred until the earliest date the participant would have been eligible to receive a pension had they lived.

Accumulated Benefit Commitment

At May 31, 2025, nine participants applied for a normal retirement benefit under the Plan and are entitled to receive such benefit. However, due to computer programming issues such benefits have yet to commence. As of May 31, 2025, the Plan owes accrued benefit payments, plus interest, totaling \$20,242 to these eligible retirees.

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 actuarial present value of accumulated plan benefits at the date of the financial statements, 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.

Employer Contributions Receivable

Employer contributions receivable at 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.

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 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Benefits under the Plan are based on provisions as described in Note 1. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered to the date which the benefit information is presented (the valuation date).

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which 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 statement of changes in actuarial present value of accumulated plan benefits for the year ended May 31, 2024, reflects a change in Plan provisions whereby the accrued benefit is expressed as a 50% joint and survivor benefit for married participants and a straight life benefit with 10 years certain for participants who are not married. In the valuation for the year ended May 31, 2023, the accrued benefit was expressed in the straight life form to which all other optional forms are actuarially equivalent. Such change resulted in an increase in the actuarial present value of accumulated plan benefits of \$260,952.

Note 3 (Continued)

The significant actuarial assumptions used in the valuation as of June 1, 2024, are as follows:

Actuarial Assumptions

Funding & Accumulated Benefits 5.00% per year, net of investment expenses.

Mortality - Healthy PRI-2012 total dataset amount - weighted mortality projected with scale MP-2021 with separate rates or employees, retirees, and contingent survivors.

Mortality - Disabled PRI-2012 total dataset amount - weighted projected with scale MP-2021.

Employee Termination	Service							
	Age	≤1	1-2	2-3	3-4	4-5	5-6	6+
	25	13.88%	11.90%	9.92%	7.94%	5.96%	3.98%	2.00%
	30	9.14%	7.95%	6.76%	5.57%	4.38%	3.19%	2.00%
	40	6.59%	5.83%	5.06%	4.30%	3.53%	2.77%	2.00%
	45	5.25%	4.71%	4.17%	3.63%	3.08%	2.54%	2.00%
	50	4.66%	4.22%	3.77%	3.33%	2.89%	2.44%	2.00%
	55	4.22%	3.85%	3.48%	3.11%	2.74%	2.37%	2.00%
	60	2.19%	2.16%	2.13%	2.10%	2.06%	2.03%	2.00%

Retirement Age 100% at age 62

Disability None

RPA '94 Current Liability (set by law) Interest Rate: 3.63% per year, net of investment expenses. (2.80% for 2023 valuation)
Mortality Table: IRS 2024 Static Mortality Table (2023 table for the 2023 valuation)

Percent Married and Age of Spouse 80% of male members and 60% of female members are assumed to be married and husbands are assumed to be three years older than wives.

Administrative Expense Based on administrative expenses from the prior year, rounded to the nearest \$1,000. For the 2024 valuation, \$171,000 was used. (\$120,000 for 2023 valuation)

Actuarial Value of Assets Market Value

Actuarial Cost Method Unit Credit

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 computations of the actuarial present value of accumulated plan benefits were made as of June 1, 2024. Had the valuations been performed as of May 31, there would not have been material differences.

Note 3 (Continued)

Actuarial Valuation

The actuarial present value of accumulated plan benefits as of May 31, 2024, is reported in the statement of accumulated plan benefits and the changes therein are reported in the statement of changes in accumulated plan benefits. As disclosed in the statement of changes in accumulated plan benefits, the actuarial present value of accumulated plan benefits increased by \$1,720,523 in the Plan year ended May 31, 2024.

The actuarial cost method used in establishing the normal cost and actuarial accrued liability for participants is known as the “Unit Credit” cost method. The actuarial study showed that, at June 1, 2024, the actuarial accrued liability was less than the actuarial value of Plan assets by \$1,466,631 (\$1,093,362 at June 1, 2023). The study also disclosed that the Plan’s funded percentage, which is the ratio of the current market value of the Plan’s net assets to the present value of benefits earned as of the valuation date was 138%, compared to 150% as of the prior valuation. The Plan’s vested benefits as of May 31, 2024, were fully funded.

Funded Status

As required by the Pension Protection Act of 2006, the Plan’s actuary completed the actuarial certification under Internal Revenue Code Section 432(b)(3) as of June 1, 2024, and determined that the Plan is neither endangered nor critical (Green Zone) and had a projected funded percentage of 158.8% and is neither in endangered nor critical status.

On August 27, 2025, the Plan’s actuary certified that the Plan has a projected funded percentage of 156.9% at June 1, 2025, and again is neither in endangered nor critical status (Green Zone).

Note 4 - 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 to the accrued benefit other than the annual adjustment.

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 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 has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

Note 5 (Continued)

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 at May 31, 2025 and 2024.

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: The Plan may invest in both closed-end mutual funds and open-end mutual funds. Closed-end mutual funds are valued at the closing price reported on the active market on which the individual securities are traded. Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The 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.

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>				
Money Market Funds	\$ 1,954,466	\$ -	\$ -	\$ 1,954,466
Mutual Funds	5,809,501	-	-	5,809,501
Total Investments, at Fair Value	\$ 7,763,967	\$ -	\$ -	\$ 7,763,967

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 Funds	\$ 1,672,832	\$ -	\$ -	\$ 1,672,832
Mutual Funds	3,323,067	-	-	3,323,067
Total Investments, at Fair Value	\$ 4,995,899	\$ -	\$ -	\$ 4,995,899

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.

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.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations 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.

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 \$1,954,466 and \$1,672,832 at May 31, 2025 and 2024, which represents 25% and 33% of the Plan's investments as of the respective year end. Fees paid by the Plan to Wilmington Trust amounted to \$17,344 and \$12,728 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 Retirement Plan, Ironworkers Local 6 Pension Plan ("Pension Plan"), and Ironworkers Local 6 Profit Sharing Plan ("Profit Sharing Plan"). 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 Retirement Plan totaled \$53,582 and \$54,484 for the years ended May 31, 2025 and 2024, respectively. The unpaid portion of such activity with the Medical and S.U.B. Pay Plan at May 31, 2025 and 2024, amounted to \$11,582 and \$24,284, respectively.

In addition, the Medical & S.U.B. Pay Plan administers a clearing account to collect employer remittances to the Retirement Plan and other affiliated benefit funds and the Union. At May 31, 2025, \$36,244 was owed to the Retirement Account 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 Retirement Plan were remitted to the Retirement Plan.

At May 31, 2025 and 2024, the net amounts receivable (payable) to the Medical & S.U.B. Pay Plan totaled \$24,662 and (\$24,284), 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 (a multiemployer defined contribution pension plan). The Plan's allocated share of pension contributions made on behalf of such employees totaled \$10,251 and \$10,793 for the years ended May 31, 2025 and 2024, respectively.

Note 9 - Tax Status

The Plan's legal counsel has submitted the Plan's application to the Internal Revenue Service ("IRS") for determination as an organization exempt from liability for federal income taxes. The Plan's Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with Section 401(a) of the Internal Revenue Code ("IRC") and will be determined to be 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.

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 6 Retirement Plan

Supplemental Information

For the Year Ended May 31, 2025

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; 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			
	Money Market Funds			
*	Wilmington U.S. Gov't MM Fund	1,954,466 Units	\$ 1,954,466	\$ 1,954,466
	Total Money Market Funds		1,954,466	1,954,466
	Mutual Funds			
	Vanguard International Total Stock Market Index Fund	17,508 Shares	541,326	629,775
	Vanguard Total Bond Market Index Fund	261,143 Shares	2,535,893	2,496,530
	Vanguard Total Stock Market Index Fund	18,992 Shares	2,079,974	2,683,196
	Total Mutual Funds		5,157,193	5,809,501
	Total Investments, at Fair Value		\$ 7,111,659	\$ 7,763,967

* Party-in-Interest

Ironworkers Local 6 Retirement Plan

**EIN: 87-2177114; 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)
Wilmington U.S. Government MM Fund	Money Market Fund	\$ 2,359,728				\$ 2,359,728	\$ 2,359,728	
Wilmington U.S. Government MM Fund	Money Market Fund		\$ 2,078,094			2,078,094	2,078,094	\$ -
Vanguard Total Bond Market Index Fund	Bond Fund	1,159,046				1,159,046	1,159,046	
Vanguard Total Stock Market Index Fund	Stock Fund	781,545				781,545	781,545	

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; 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			
	Money Market Funds			
*	Wilmington U.S. Gov't MM Fund	1,954,466 Units	\$ 1,954,466	\$ 1,954,466
	Total Money Market Funds		1,954,466	1,954,466
	Mutual Funds			
	Vanguard International Total Stock Market Index Fund	17,508 Shares	541,326	629,775
	Vanguard Total Bond Market Index Fund	261,143 Shares	2,535,893	2,496,530
	Vanguard Total Stock Market Index Fund	18,992 Shares	2,079,974	2,683,196
	Total Mutual Funds		5,157,193	5,809,501
	Total Investments, at Fair Value		\$ 7,111,659	\$ 7,763,967

* Party-in-Interest

Ironworkers Local 6 Retirement Plan

**EIN: 87-2177114; 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)
Wilmington U.S. Government MM Fund	Money Market Fund	\$ 2,359,728				\$ 2,359,728	\$ 2,359,728	
Wilmington U.S. Government MM Fund	Money Market Fund		\$ 2,078,094			2,078,094	2,078,094	\$ -
Vanguard Total Bond Market Index Fund	Bond Fund	1,159,046				1,159,046	1,159,046	
Vanguard Total Stock Market Index Fund	Stock Fund	781,545				781,545	781,545	

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

- **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 Ironworkers Local No. 6 Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Ironworkers Local No. 6 Retirement Fund	D Employer Identification Number (EIN) 87-2177114	

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	5,360,872
(2) Actuarial value of assets for funding standard account.....	1b(2)	5,360,872
c (1) Accrued liability for plan using immediate gain methods	1c(1)	3,894,241
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	3,894,241
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	5,282,986
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,772,194
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	41,046
(3) Expected plan disbursements for the plan year	1d(3)	41,046

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>11/20/2025</u> Date
	<u>Adam N. Russo, EA, ASA</u> Type or print name of actuary	<u>2308650</u> Most recent enrollment number
	<u>USI Consulting Group</u> Firm name	<u>412-851-5273</u> Telephone number (including area code)
	<u>6 PPG Place, Suite 200 Pittsburgh PA 15222</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8P2021
(2) Females	6c(2)	8FP2021
d Valuation liability interest rate.....	6d	5.00 %
e Salary scale.....	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	171,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1,314,909
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	65,745
e Total charges. Add lines 9a through 9d	9e	1,380,654
Credits to funding standard account:		
f Prior year credit balance, if any	9f	2,032,500
g Employer contributions. Total from column (b) of line 3	9g	2,563,110
h Amortization credits as of valuation date:		
	Outstanding balance	
9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	165,703
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,974,817
(2) "RPA '94" override (90% current liability FFL)	9j(2)	955,693
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	4,761,313
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,380,659
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Statement of Actuarial Assumptions and Methods

1. Data

- a. Valuation Date June 1, 2024
- b. Employee Data Member data was supplied by the Ironworkers Local No. 6
- c. Asset Data Provided by Arcara, Lenda, Eusanio, & Stacey CPAs.
- d. Contribution Rate \$6.15 per hour effective June 1, 2023
- e. Future Hours to be Worked Based on hours worked in prior plan year

2. Non-Prescribed Assumptions and Methods

Each significant non-prescribed assumption used in this report represents a combination of a best estimate of future expectations and observed past experience

- a. Funding & Accumulated Benefits 5.00% per year, net of investment expenses

Rationale for Interest Rate: Based on capital market expectations and target asset allocation.

b. Rates of Withdrawal

- i) Mortality - healthy Pri-2012 Total Dataset Amount-Weighted Mortality
Projected with Scale MP-2021 with separate rates
for employees, retirees, and contingent survivors
- Mortality – disabled Pri-2012 Total Dataset Disabled Amount-Weighted
Projected with Scale MP-2021

Rationale for Mortality Rates: Based on the most recent mortality study available as published by the Society of Actuaries.

ii) Employee Termination

<u>Age</u>	<u>Service</u>						
	<u><1</u>	<u>1-2</u>	<u>2-3</u>	<u>3-4</u>	<u>4-5</u>	<u>5-6</u>	<u>6+</u>
25	13.88%	11.90%	9.92%	7.94%	5.96%	3.98%	2.00%
30	9.14%	7.95%	6.76%	5.57%	4.38%	3.19%	2.00%
40	6.59%	5.83%	5.06%	4.30%	3.53%	2.77%	2.00%
45	5.25%	4.71%	4.17%	3.63%	3.08%	2.54%	2.00%
50	4.66%	4.22%	3.77%	3.33%	2.89%	2.44%	2.00%
55	4.22%	3.85%	3.48%	3.11%	2.74%	2.37%	2.00%
60	2.19%	2.16%	2.13%	2.10%	2.06%	2.03%	2.00%

- iii) Retirement 100% at age 62

Rationale for Retirement Rates: Based on assumption used in prior plan, assumption will be revised as needed once sufficient data has been gathered from the current plan.

- iv) Disability None

Statement of Actuarial Assumptions and Methods (Continued)

- | | | |
|----|--------------------------------|---|
| c. | <u>Administrative Expenses</u> | Administrative expenses paid in prior year, rounded to the nearest \$1,000, or \$171,000 for the 2024 valuation |
| d. | <u>Marriage Rate</u> | Eighty percent of male members and sixty percent of female members are assumed to be married. Females are assumed to be three years younger than males |
| e. | <u>Methods</u> | |
| | i) Asset Valuation Method | Market value |
| | ii) Actuarial Cost Method | Unit Credit |
| | iii) Modeling Assumptions | The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness |

3. Prescribed Assumptions and Methods Set by Law

The use of the following prescribed assumptions are required by the provisions of the Internal Revenue Code and various subsequent legislation. No representation to the validity of these assumptions should be inferred beyond their stated purpose. Determinations for purposes other than those stated may be significantly different from the results illustrated in this report.

RPA '94 Current Liability

Interest Rate	3.63% per year, net of investment expenses
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Mortality Table	IRS 2024 Static Mortality Table
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4. Changes in Actuarial Assumptions or Cost Methods

The RPA '94 current liability rate was 2.80%.

Plan Name: Ironworkers Local No. 6 Retirement Plan

Plan Sponsor Name: Board of Trustees Ironworkers Local No. 6 Retirement Plan

EIN: 87-2177114

Schedule R, line 13e – Information on Contribution Rates and Base Units

Iroquois Bar Corporation

Journeyman		\$	6.15	Hourly
Apprentice				
Year 1	0%	\$	-	Hourly
Year 2	70%	\$	4.31	Hourly
Year 3	80%	\$	4.92	Hourly
Year 4	90%	\$	5.54	Hourly

Nicholson Corporation

Journeyman		\$	6.15	Hourly
Apprentice				
Year 1	0%	\$	-	Hourly
Year 2	70%	\$	4.31	Hourly
Year 3	80%	\$	4.92	Hourly
Year 4	90%	\$	5.54	Hourly

Seneca Steel Erectors Inc.

Journeyman		\$	6.15	Hourly
Apprentice				
Year 1	0%	\$	-	Hourly
Year 2	70%	\$	4.31	Hourly
Year 3	80%	\$	4.92	Hourly
Year 4	90%	\$	5.54	Hourly

Stonebridge Inc.

Journeyman		\$	6.15	Hourly
Apprentice				
Year 1	0%	\$	-	Hourly
Year 2	70%	\$	4.31	Hourly
Year 3	80%	\$	4.92	Hourly
Year 4	90%	\$	5.54	Hourly

Summary of Principal Plan Provisions

1. Plan Year Ends May 31
2. Eligibility for Participation All employees who complete at least 300 hours of service in a plan year and for whom contributions are made by employers to the Ironworkers Local No. 6.
3. Vesting Service Plan Year in which the member completes 1000 or more hours of service, including years prior to the effective date of this plan. Years of vesting service also include years of vesting service under the Ironworkers Local 6 Profit Sharing Plan that have not been lost due to a break-in-service under the rules of that plan.
4. Credited Service Participants accrue 1/1200 of a Year of Credit Service for each Hours of Service to a maximum of one Year of Credited Service during a Plan Year. Participants completing less than 300 Hours of Service during a Plan Year receive no Credited Service for that Plan Year.
5. Accrued Benefit

Participants accrue a monthly lifetime benefit of \$100 for each Year of Credited Service. The Accrued Benefit at any point in time is the sum of the value of the annual amounts you have accrued under the Plan, adjusted as set forth below:

The Plan also has a hurdle rate, or an annual investment return target, of 5%. The Accrued Benefit is subject to an Annual Adjustment, either up or down, each year based on the ratio of the Plan's investment return for the Plan Year over or under the hurdle rate. The Annual Adjustment is $(1 + \text{actual return on assets during the Plan year}) / (1 + \text{hurdle rate})$

After the initial Year of Credited Service, the Accrued Benefit will consist of the sum of the Accrued Benefit earned for the current Plan Year ("A"), plus your Accrued Benefit earned as of the end of the prior Plan Year ("B") multiplied by the Annual Adjustment ("C").
6. Normal Retirement The later of the participant's 62nd birthday or the fifth anniversary of the initial entry date. Benefit is the accrued benefit
7. Early Retirement Normal retirement pension, actuarially reduced, for any participant who has attained age 55 and completed five years of Credited Service.

Summary of Principal Plan Provisions (Continued)

8. Disability Retirement

A participant who has attained age 40 and completed at least 5 years of Vesting Service and becomes totally and permanently disabled, under Social Security, shall be entitled to an immediate annuity equal to actuarial equivalent of the Accrued Benefit.

Disability benefits cease at the time Early Retirement Benefits commence or if re-employed

9. Deferred Vested Retirement

A participant shall be vested in his accrued benefit according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
0-4	0%
5 or more	100%

10. Death in Active Service Benefit

The surviving spouse of a married participant who dies after becoming vested is eligible. The spouse's benefit is the accrued benefit, actuarially reduced for the 50% joint and survivor option and for early commencement.

There is no death benefit payable to the beneficiary of a non-married participant who dies prior to retirement.

11. Optional Forms of Benefit

The normal form is a 50% joint and survivor benefit for married participants and a 10 year certain and continuous annuity for participants who are not married.

Married participants may choose a 50% or 75% joint and survivor benefit.