

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan IRONWORKERS LOCAL 549-550 PENSION PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 04/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IRONWORKERS LOCAL 549-550 PENSION PLAN
9200 US ROUTE 60 ONA, WV 25545-9507
9200 US ROUTE 60 ONA, WV 25545-9507
2b Employer Identification Number (EIN) 55-6027928
2c Plan Sponsor's telephone number 304-399-9010
2d Business code (see instructions) 237990

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 01/13/2026, JESSICA MORRISON; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 01/13/2026, JESSICA MORRISON; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor AMERICAN BENEFIT CORPORATION 9200 US ROUTE 60 ONA, WV 25545-9507	3b Administrator's EIN 55-0672859 3c Administrator's telephone number 304-399-9010
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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
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5 Total number of participants at the beginning of the plan year	5	1832
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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	6a(1)	938
a(2) Total number of active participants at the end of the plan year	6a(2)	792
b Retired or separated participants receiving benefits.....	6b	469
c Other retired or separated participants entitled to future benefits	6c	299
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1560
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	115
f Total. Add lines 6d and 6e	6f	1675
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	111
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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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan IRONWORKERS LOCAL 549-550 PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS LOCAL 549-550 PENSION PLAN</p>	<p>D Employer Identification Number (EIN) 55-6027928</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030312		04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10109038

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 04/01/2024 and ending 03/31/2025

► **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 549-550 PENSION 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>IRONWORKERS LOCAL 549-550 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>55-6027928</u>

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

1a Enter the valuation date: Month 04 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>207065803</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>205148776</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>176932284</u>
(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) <u>176932284</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>294152642</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>7659024</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>12873171</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>12853731</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>MATTHEW KLEIN</u> Type or print name of actuary <u>ACRISURE</u> Firm name <u>FOUR GATEWAY CENTER, SUITE 605 444</u> <u>PITTSBURGH, PA 15222</u> Address of the firm	Date <u>23-06865</u> Most recent enrollment number <u>412-394-9330</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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.49 %
	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)	9P 9P
(2) Females	6c(2)	9FP 9FP
d Valuation liability interest rate	6d	7.25 % 7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" 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)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.0 %
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)	359000
(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
3	816594	84922
3	27010	27010
1	-1670264	-173699

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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	3722064

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)	31410712	6166680
(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		716934
e Total charges. Add lines 9a through 9d.....	9e		10605678
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		43826221
g Employer contributions. Total from column (b) of line 3.....	9g		9172807
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	15800983	2865500
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		3661930
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	20720334	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	63034192	
(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		59526458
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		48920780
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		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input 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 **04/01/2024** and ending **03/31/2025**

A Name of plan IRONWORKERS LOCAL 549-550 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS LOCAL 549-550 PENSION PLAN	D Employer Identification Number (EIN) 55-6027928	

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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(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)

AMERICAN BENEFIT CORPORATION

9200 US ROUTE 60
ONA, WV 25545

55-0671859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	120629	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)

PRUDENTIAL INSURANCE COMPANY

TWO GATEWAY CENTER, 6TH FLOOR
NEWARK, NJ 07102

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	94705	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QUALITATIVE MANAGEMENT

TWO GATEWAY CENTER, 6TH FLOOR
NEWARK, NJ 07102

33-1077887

(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?
25 56	NONE	90824	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)

LOOMIS SAYLES TRUST COMPANY

1384 OLD FREEPORT ROAD
PITTSBURGH, PA 15238

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	75681	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)

ALAN BILLER AND ASSOCIATES

535 MIDDLEFIELD ROAD, SUITE 230
MENLO PARK, CA 94025

94-2854958

(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 50	NONE	70000	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)

ACRISURE

100 OTTAWA AVENUE SW
GRAND RAPIDS, MI 49503

92-3652116

(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	64720	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)

MACALA & PIATT, LLC

601 SOUTH MAIN STREET
NORTH CANTON, OH 48035

34-1933033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	51590	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)

FIDELTY INVESTMENTS

82 DEVONSHIRE STREET, G10D
BOSTON, MA 02109

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	50974	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)

GRAY GRIFFITH AND MAYS PLLC

400 FORT PIERPONT DRIVE SUITE 202
MORGANTOWN, WV 26508

82-5354495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41340	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)

ULLICO

8403 COLESVILLE RD
SILVER SPRING, MD 20910

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	38213	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOYD WATERSON

1801 EAST 9TH STREET SUITE 140
CLEVELAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24879	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)

ALERA GROUP

22901 MILLCREEK BLVD SUITE 160
HIGHLAND HILLS, OH 44122

81-4473358

(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?
22 50	NONE	20998	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)

INTERNATIONAL FOUNDATION OF EMPLOYE

18700 W. BLUEMOUND RD
BROOKFIELD, WI 53045

39-1034021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9996	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)

UNION BANK AND TRUST

312 CENTRAL AVE SE
MINNEAPOLIS, MN 55414

47-0321480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	8646	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSON PRINTING COMPANY

4136 GREEN VALLEY ROAD
HUNTINGTON, WV 25701

99-0662908

(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?
36 50	NONE	8366	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)

WESBANCO

1 BANK PLAZA
WHEELING, WV 26003

55-0571723

(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?
18 50	NONE	6486	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>04/01/2024</u> and ending <u>03/31/2025</u>	
A Name of plan <u>IRONWORKERS LOCAL 549-550 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IRONWORKERS LOCAL 549-550 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>55-6027928</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QUANTITATIVE CORE EQUITY ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>THE PRUENTIAL INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>22-1211670-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10109038</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>THE PRUENTIAL INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8790058</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QMA EMERGING MARKETS CORE EQUITY FD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>22-6994310-119</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1583563</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAIM GROUP TRUST FOR EMPLOYEE BENIF</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-052</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20069597</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE PLUS FIXED INCOME TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY LLC</u>		
c EIN-PN <u>20-8080381-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20086772</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EXETER TRUST COMPANY COLLECTIVE INV</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>20-8080381-055</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16584161</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QS INTL CORE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-235</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3479583</u>

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 04/01/2024 and ending 03/31/2025	
A Name of plan IRONWORKERS LOCAL 549-550 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS LOCAL 549-550 PENSION PLAN	D Employer Identification Number (EIN) 55-6027928

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	-54685	-92571
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1004335	1063018
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	888676	1052143
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2700601	1539776
(2) U.S. Government securities	1c(2)	10355094	11906939
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6855185	8066129
(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)	68786951	70741664
(10) Value of interest in pooled separate accounts	1c(10)	21376569	18899096
(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)	95403095	102274191
(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	207315821	215450385
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	104032	98600
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	145986	34813
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	250018	133413
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	207065803	215316972

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)	9172807	
(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)		9172807
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	95837	
(B) U.S. Government securities.....	2b(1)(B)	491167	
(C) Corporate debt instruments.....	2b(1)(C)	403759	
(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)		990763
(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)	1693384	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1693384
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	77974186	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	76282253	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1691933
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	305595	
(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)		4166679
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1142786
(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)		4068764
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20947139

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11727170	
(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)		11727170
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	116700	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41340	
(5) Investment advisory and investment management fees	2i(5)	574850	
(6) Bank or trust company trustee/custodial fees	2i(6)	6484	
(7) Actuarial fees	2i(7)	64720	
(8) Legal fees	2i(8)	51590	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	11777	
(11) Other expenses	2i(11)	101339	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		968800
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12695970

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8251169
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: GRAY, GRIFFITH & MAYS A.C.

(2) EIN: 55-0621482

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566065.

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 **04/01/2024** and ending **03/31/2025**

A Name of plan IRONWORKERS LOCAL 549-550 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS LOCAL 549-550 PENSION PLAN	D Employer Identification Number (EIN) 55-6027928	

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

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

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

1	
----------	--

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

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

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

3	0
----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer R.G. SMITH COMPANY

b EIN 34-0678463 **c** Dollar amount contributed by employer 727523

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) 9.02

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

a Name of contributing employer FOREST CITY ERECTORS

b EIN 34-0865195 **c** Dollar amount contributed by employer 488342

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) 9.02

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

a Name of contributing employer SONGER STEEL SERVICES, INC

b EIN 25-1480393 **c** Dollar amount contributed by employer 602016

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) 9.27

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 61.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.0 %
 High-Yield Debt: 0.0 % Real Assets: 16.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 _____.

IRON WORKERS LOCAL 549 AND 550 PENSION PLAN

FINANCIAL STATEMENTS

March 31, 2025 and 2024

Iron Workers Local 549 and 550 Pension Plan

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

March 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees and Plan Participants of
Iron Workers Local 549 and 550 Pension Plan
Ona, West Virginia

Opinion on the Financial Statements

We have audited the financial statements of the Iron Workers Local 549 and 550 Pension 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 and the statements of accumulated plan benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of March 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 March 31, 2025 and 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 on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including the form and content, is 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.

Gray, Griffith & Mays, a.c.

Morgantown, West Virginia
January 12, 2026

Iron Workers Local 549 and 550 Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>ASSETS</u>		
Investments, at fair value	\$ 212,377,679	\$ 202,928,857
Receivables:		
Employer contributions	744,930	673,655
Reciprocal contribution	318,088	330,680
Trade date receivable	297,834	-
Interest and dividend	-	145,326
Due from related parties	-	5,495
Total employers' receivables	<u>1,360,852</u>	<u>1,155,156</u>
Cash in checking	957,545	2,493,953
Prepaid expenses:		
Prepaid premiums and withholding taxes	754,309	737,855
Total prepaid expenses	<u>754,309</u>	<u>737,855</u>
Total assets	<u>\$ 215,450,385</u>	<u>\$ 207,315,821</u>
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	\$ 98,600	\$ 104,032
Due to related plan	513	100,196
Reciprocal payable	34,300	45,790
Total liabilities	<u>133,413</u>	<u>250,018</u>
Net assets available for benefits	<u>\$ 215,316,972</u>	<u>\$ 207,065,803</u>

The accompanying notes are an integral part of these financial statements

Iron Workers Local 549 and 550 Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2025 and 2024

	2025	2024
Additions to net assets:		
Investment income:		
Net realized and unrealized gain on investments	\$ 7,851,242	\$ 24,159,231
Interest and dividends	3,923,090	3,453,142
	<u>11,774,332</u>	<u>27,612,373</u>
Less: Investment expenses	(574,850)	(503,774)
Net investment income	<u>11,199,482</u>	<u>27,108,599</u>
Contributions		
Employer	7,750,773	8,459,082
Reciprocal employer	1,776,500	2,094,329
Contribution income	<u>9,527,273</u>	<u>10,553,411</u>
Less: Reciprocity paid	(354,466)	(330,283)
Net contributions	<u>9,172,807</u>	<u>10,223,128</u>
Total additions	<u>20,372,289</u>	<u>37,331,727</u>
Deductions from net assets:		
Pension and death benefits	11,727,170	11,449,611
Administrative fees and expenses:		
Third party administrator	116,700	120,001
Insurance	87,265	95,089
Actuarial	64,720	54,848
Auditing	41,340	9,100
Legal	51,590	29,669
Convention and seminar expense	-	22,634
Office supplies and postage	12,918	17,218
Trustee and meeting expense	11,777	2,584
Dues and subscriptions	1,004	3,127
Death Audit	152	-
Miscellaneous	6,484	4,394
Total administrative fees and expenses	<u>393,950</u>	<u>358,664</u>
Total deductions	<u>12,121,120</u>	<u>11,808,275</u>
Net increase	<u>8,251,169</u>	<u>25,523,452</u>
Net assets available for benefits:		
Beginning of year	<u>207,065,803</u>	<u>181,542,351</u>
End of year	<u>\$ 215,316,972</u>	<u>\$ 207,065,803</u>

The accompanying notes are an integral part of these financial statements.

Iron Workers Local 549 and 550 Pension Plan

STATEMENTS OF ACCUMULATED PLAN BENEFITS

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits:		
Participants currently receiving payments	\$ 112,689,582	\$ 111,000,041
Other participants - actively working	57,905,274	54,870,082
Other participants - terminated vested	<u>12,425,774</u>	<u>12,670,685</u>
Total vested benefits	183,020,630	178,540,808
Actuarial present value of accumulated non-vested benefits	<u>8,573,227</u>	<u>8,832,721</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 191,593,857</u></u>	<u><u>\$ 187,373,529</u></u>

The accompanying notes are an integral part of these financial statements.

Iron Workers Local 549 and 550 Pension Plan

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

March 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 187,373,529	\$ 183,461,487
Increase (decrease) for interest due to		
Decrease in discount period	13,176,794	12,902,516
Benefits paid	(11,449,611)	(11,187,226)
Plan amendments	963,657	-
Benefits accumulated and plan experience	1,529,488	2,196,752
Net increase	4,220,328	3,912,042
Actuarial present value of accumulated plan benefits at year end	\$ 191,593,857	\$ 187,373,529

The accompanying notes are an integral part of these financial statements.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

1 – DESCRIPTION OF THE PLAN

The following description of the Iron Workers Local 549 and 550 Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Iron Workers 549 Pension Plan was formed with a Plan Document effective date of April 1, 1964. Subsequently, effective January 1, 1965, Local 550 joined the Plan. The Plan was most recently amended and restated April 1, 2014.

The Plan is a defined benefit pension plan covering eligible members of the Iron Workers Locals 549 and 550. A member becomes initially eligible for participation in the Plan in any plan year in which 300 hours are worked for an employer who is subject to the terms of the Collective Bargaining Agreements (Agreements) between the International Association of Bridge, Structural and Ornamental Iron Workers Local Unions 549 and 550 (Unions) and the Ohio Valley Construction Employers Council, Inc., Wheeling, West Virginia and the Structural Contractors and Independent Employers Association of Canton, Ohio (Employers).

The purpose of the Plan is to provide retirement benefits, total and permanent disability benefits, and certain death benefits to member participants of Locals 549 and 550. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Agreements provide, among other things, for employers to contribute to the Plan a specified rate per hour:

Time Period	Local 549	Local 550
Hours worked: May 1, 2022 - April 30, 2023		\$ 9.02
Hours worked: May 1, 2023 - April 30, 2024		\$ 9.02
Hours worked: May 1, 2024 - April 30, 2025		\$ 9.02
Hours paid: December 1, 2022 - November 30, 2023	\$ 9.02	
Hours paid: December 1, 2023 - November 30, 2024	\$ 9.02	
Hours paid: December 1, 2024 - November 30, 2025	\$ 9.27	

Funding Policy

Participating employers contribute such amounts as are specified in their collective bargaining agreement no later than the 15th day of the month following the date the gross wages are paid.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

Reciprocals

Members of the Unions may work from time to time in the jurisdictions of other locals. In these cases, the other local(s) will forward the contributions due on behalf of these members to the Unions for submission to the Plan. These amounts are presented as reciprocity income and receivable on the accompanying financial statements, when applicable. Likewise, members of other unions may work from time to time for employers within the Plan's jurisdictions. Contributions are forwarded to their local union. These are reported as reciprocity paid and payable on the accompanying financial statements, when applicable.

Vesting

Participants are fully vested upon completing five years of service. Ten years of vested service is required to obtain disability or early retirement benefits. A participant must work 300 hours in a year in order to earn on year of vested service.

Retirement benefits

Members meeting all vesting requirements are entitled to a monthly pension benefit beginning at normal retirement age (the later of age 65 or an individual's fifth anniversary of participation in the Plan). The amount of those benefits depends upon the number of credits earned as well as the dates when those credits were earned. A credit is earned for each dollar contributed. Benefits are paid in one of the following forms: single life pension annuity, 50% joint and survivor pension annuity, 75% joint and survivor pension annuity, social security level income options, or a lump sum.

Early Retirement

The Plan permits early retirement beginning at age 48 depending on the number of years of credited service and the number of credits earned. Eligible participants who elect early retirement will receive a reduced monthly benefit determined by their age at retirement, the number of credits earned, and the number of years of credited service. Benefits are paid in one of the following forms: single life pension annuity, 50% joint and survivor pension annuity, 75% joint and survivor pension annuity, social security level income option, or a lump sum.

Disability Benefits

For participants with 10 years of service who become totally and permanently disabled, disability benefits are paid at 75% of the accrued normal retirement rate in effect at the time of disability.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

Death Benefits

The Plan also provides death benefits on behalf of participants who meet certain requirements but pass away prior to retirement. These death benefits are paid in the form of surviving spouse benefits, monthly installment death benefits, and non-vested active participant death benefit.

Plan Expenses

All the administrative expenses of the Plan are paid from the net assets of the Plan as the expenses are incurred.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Employer contributions are revenue to the Plan in the month the hours are worked.

Payments of Benefits

In accordance with industry reporting requirements for employee benefit plans (ASC 965), benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are 100% non-participant directed. Investments are reported at fair value. Generally, purchase and sales of securities are reflected on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Trade date receivables amounted to \$297,834 and \$0 as of March 31, 2025 and 2024, respectively. These amounts are the result of investment sales executed during the year but not yet settled by year-end.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

3 – INVESTMENTS

Investment Composition

As of March 31, 2025, the Plan's investments consisted of:

	Assets at Fair Value as of March 31, 2025				Total
	Level 1	Level 2	Level 3	NAV	
Money market funds	\$ 489,660	\$ -	\$ -	\$ -	\$ 489,660
U.S. government obligations	-	6,379,199	-	-	6,379,199
Domestic corporate obligations	-	6,998,417	-	-	6,998,417
Asset backed securities	-	1,067,712	-	-	1,067,712
Government backed securities	-	5,527,740	-	-	5,527,740
Equity mutual fund (domestic)	53,501,825	-	-	-	53,501,825
Equity mutual fund (foreign)	24,254,794	-	-	-	24,254,794
Common trust fund (domestic)	-	-	-	20,069,597	20,069,597
Common trust fund (real estate)	-	-	-	8,937,988	8,937,988
Common trust fund (fixed income)	-	-	-	20,086,772	20,086,772
Common trust fund (foreign)	-	-	-	21,647,307	21,647,307
Pooled separate account (domestic)	-	-	-	10,109,038	10,109,038
Pooled separate account (real estate)	-	-	-	8,790,058	8,790,058
Private investment funds (fixed income)	-	-	-	9,110,907	9,110,907
Private investment funds (real estate)	-	-	-	15,406,665	15,406,665
Total investments	<u>\$ 78,246,279</u>	<u>\$ 19,973,068</u>	<u>\$ -</u>	<u>\$ 114,158,332</u>	<u>\$ 212,377,679</u>

As of March 31, 2024, the Plan's investments consisted of:

	Assets at Fair Value as of March 31, 2024				Total
	Level 1	Level 2	Level 3	NAV	
Money market funds	\$ 151,963	\$ -	\$ -	\$ -	\$ 151,963
U.S. government obligations	-	5,159,697	-	-	5,159,697
Domestic corporate obligations	-	5,654,615	-	-	5,654,615
Asset backed securities	-	1,200,570	-	-	1,200,570
Government backed securities	-	5,195,397	-	-	5,195,397
Equity mutual fund (domestic)	63,227,658	-	-	-	63,227,658
Equity mutual fund (foreign)	32,175,437	-	-	-	32,175,437
Common trust fund (domestic)	-	-	-	18,775,518	18,775,518
Common trust fund (real estate)	-	-	-	9,260,633	9,260,633
Common trust fund (fixed income)	-	-	-	19,487,113	19,487,113
Common trust fund (foreign)	-	-	-	21,263,687	21,263,687
Pooled separate account (domestic)	-	-	-	11,232,503	11,232,503
Pooled separate account (foreign)	-	-	-	10,144,066	10,144,066
Total investments	<u>\$ 95,555,058</u>	<u>\$ 17,210,279</u>	<u>\$ -</u>	<u>\$ 90,163,520</u>	<u>\$ 202,928,857</u>

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

Investments Measured at Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of March 31, 2025 and 2024, respectively:

<u>Investments</u>	March 31, 2025			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
FIAM Core Plus Pool	\$ 20,069,597	None	Daily	5 days
Boyd Watterson GSA	8,937,988	None	Quarterly	60 days
Emerging Mkts Equity QMA	1,583,563	None	Daily	T+3 days*
International Core Equity QMA	3,479,583	None	Daily	T+2 days*
Loomis Sales Core Plus Fixed	20,086,772	None	Daily	3 days
Manning Napier Global Equity	16,584,161	None	No Limit	5 days
Quantitative Core Equity QMA	10,109,038	None	Daily	T+2 days*
PRISA	8,790,058	None	Quarterly	90 days
Ullico Infrastructure Tx-Exempt Fund	5,307,569	None	Quarterly	45 days
Blue Owl Diversified Lending 2020 Fund LP	1,609,030	5,925,000	Semi-annual	180 days
Blackstone Infrastructure Partners - V Feeder L.P.	10,099,096	None	Quarterly	90 days
Audax Loan IDF Fund	7,501,877	None	Semi-annual	90 days
Total	<u>\$ 114,158,332</u>			

<u>Investments</u>	March 31, 2024			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pyramis Core Plus	\$ 18,775,518	None	Daily	5 days
Boyd Watterson GSA	9,260,633	None	Quarterly	60 days
Emerging Mkts Equity QMA	1,646,762	None	Daily	T+3 days*
International Core Equity QMA	3,933,522	None	Daily	T+2 days*
Loomis Sales Core Plus Fixed	19,487,113	None	Daily	3 days
Manning Napier Global Equity	15,683,403	None	No Limit	5 days
Quantitative Core Equity QMA	11,232,503	None	Daily	T+2 days*
PRISA	10,144,066	None	Quarterly	90 days
Total	<u>\$ 90,163,520</u>			

*Trade date plus settlement days, which do not include weekends. Upon instances where cash is available, money may be available sooner.

Investment Strategy

For the years ended March 31, 2025 and 2024, the Plan invested in the following funds which meets criteria necessitating disclosure of investment strategy.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

Boyd Watterson GSA Fund: The Fund's investment approach attempts to generate stable returns by primarily investing in long-term leased assets that the General Partner believes to be fairly priced on a risk-adjusted basis. Although the Fund's portfolio consists primarily of real estate, the Fund will utilize investment grade, short-term financial instruments as a repository for proceeds not yet invested in properties. These investments may be through the Fund's banking institution or invested through the General Partners' affiliates at no additional cost to the Fund.

Blackstone Infrastructure Partners – V: The fund seeks to apply a long-term buy-and-hold strategy to large-scale infrastructure assets with a focus on delivering stable, long-term capital appreciation together with a predictable annual cash flow yield.

Blue Owl Diversified Lending 2020 Fund LP: Blue Owl attempts to achieve a diversified lending strategy that generates current income and, to a lesser extent, capital appreciation by targeting investment opportunities with favorable risk-adjusted returns across credit cycles with an emphasis on preserving capital primarily through originating and making loans to, and making debt and equity investment in, U.S. middle market companies. It provides a wide range of financing solutions with a strong focus on the top of the capital structure and operates the strategy through diversification by borrower, sector, sponsor and position size.

Blue Owl attempts to achieve a diversified lending strategy that generates current income and, to a lesser extent, capital appreciation by targeting investment opportunities with favorable risk-adjusted returns across credit cycles with an emphasis on preserving capital primarily through originating and making loans to, and making debt and equity investments in, U.S. middle market companies. It provides a wide range of financing solutions with a strong focus on the top of the capital structure and operates the strategy through diversification by borrower, sector, sponsor and position size.

Audax Loan IDF Fund: Audax is involved with lending to middle market customers of various sizes.

All other investments listed above are direct filing entities. Accordingly, investment strategy is not required to be disclosed.

4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

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

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

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

The assets or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Methodologies

There have been no changes in the methodologies of the plan's investments used at March 31, 2025 and 2024.

Money Market: Valued at \$1 per share.

Mutual funds: Valued at the daily closing price as reported by the funds. The mutual funds held by the Plan are open-end mutual funds, registered with the Securities and Exchange Commission, and actively traded at a published daily net asset value.

Obligations: Valued at closing prices, if actively traded, or prices of assets with similar interest rates, maturity dates and credit ratings.

Common trust funds and pooled separate investment contract: Valued based on the net asset value of the underlying funds on the date of valuation.

Pooled separate investment contract – Real Estate Fund: Valued using the unit of account concept determined through an independent appraisal process. In essence, the market, income, and cost approaches are developed, studied, and determined by the independent appraiser for the type of real estate in the market.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

Asset backed securities, government backed securities and commercial mortgage pass-through certificates: Valued based on prices of comparable securities or cash flow models that consider inputs including default rates, conditional prepayment rates, loss severity, expected yield to maturity, and other inputs specific to each security. Included in this category are certain interest-only securities, which in the absence of market prices are valued as a function of observable whole bond prices and cash flow values of principal-only bonds using current market assumptions at the measurement date.

Real estate pooled separate account: Real estate investment values are affected by, among other things, the availability of capital, occupancy rates, rental rates, and interest and inflation rates. As a result, determining real estate investment values involves many assumptions. Amounts ultimately realized from each real estate investment trust may vary significantly from the fair values presented.

Private investment funds: Valued based on the net asset value of the underlying assets on the date of valuation.

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

Level 3 assets at March 31, 2024, were \$0 as a result of sales of \$91,279.

5 – TRANSACTION WITH PARTIES-IN-INTEREST

Parties-in-interest are defined by IRC Section 4785(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity that provides services to the Plan. Therefore, deductions from net assets for administrative, accounting, legal, insurance, and other expenses included in the accompanying financial statements are considered parties-in-interest transactions. The Plan utilizes Gray, Griffith & Mays – Morgantown, PLLC, for payroll and financial auditing, American Benefit Corporation for third-party administrator services, Macala & Piatt for legal services, and the Alera Group for insurance. Additionally, any employers whose employees are covered by the Plan are defined as parties-in-interest. Accordingly, all contributions received by the Plan are parties-in-interest transactions.

Investment Manager – Certain plan investments are shares of common trust funds, mutual funds or pooled separate accounts managed by Manning & Napier, Pyramid, Prudential, Loomis Sayles, Boyd Watterson, Union Bank & Trust, Blue Owl, Blackstone, Ullico, and Audax. These organizations are investment managers for the Plan, and therefore the selection of their own funds as an investment for the Plan qualifies as party-in-interest transactions.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

6 – PLAN TERMINATION AND PBGC COVERAGE

The Plan may be terminated at any time upon written agreement of the Unions and the Employers. The Board of Trustees shall continue to act, and the Plan shall continue until the Plan assets have been distributed according to the provisions of the Plan document. When a termination or partial termination of the Plan occurs, each Participant's accrued benefit to the date of such termination, to the extent it is funded as of the date of termination, shall be nonforfeitable.

In event of termination or partial termination of the Plan, the Board of Trustees shall allocate the net assets available for benefits among participants, former participants, and beneficiaries in accordance with ERISA.

Should the plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

7 – TAX STATUS

The United States Treasury Department has advised that the Plan constitutes a qualified trust under 401(a) of the Internal Revenue Code and is therefore exempt from federal income taxes under the provisions of 501(a). The Plan obtained its latest determination letter dated December 17, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been restated since receiving the determination letter and has previously applied to obtain a new determination letter. The IRS has since changed its determination process to only issue determination letters for new and terminated plans. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

It is the intention of the Plan administrator to maintain the Plan as qualified and exempt from taxation under the appropriate provisions of the Internal Revenue Code and the Rules and Regulations issued thereunder, as amended from time to time. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

8 – CONCENTRATION OF CREDIT RISK

Funds in either interest bearing or non-interest bearing accounts are eligible for FDIC insurance up to the legal maximum of \$250,000. Accordingly, as of March 31, 2025 and 2024, the Plan had accounts with a total of \$0 and \$0, respectively, in excess of the FDIC insured limit.

9 – INVESTMENT RISK

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest 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.

10 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The valuations were completed as of the beginning of the plan years, April 1, 2024 and April 1, 2023.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

The basis for applying the actuarial assumptions used in the valuations as of April 1, 2024 and April 1, 2023, is 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 significant assumptions underlying the actuarial computations are as follows:

Valuation Date	April 1, 2024	April 1, 2023
A) Net Investment Return	7.25%	7.25%
B) Life Expectancy of Participants		
Healthy:	The SOA headcount weighted PRI 2012 Mortality Table with blue-collar adjustment projected with SOA MP-2021 mortality improvement scale.	The SOA headcount weighted PRI 2012 Mortality Table with blue-collar adjustment projected with SOA MP-2021 mortality improvement scale.
Disabled:	The SOA headcount weighted PRI 2012.	The SOA headcount weighted PRI 2012.
C) Turnover	12% at age 22, graded down to 0% at age 55	12% at age 22, graded down to 0% at age 55
D) Retirement Age Assumptions (same rates for both years)		
Actives:		
<u>Ages</u>	<u>< 20 Years of Service Rate</u>	<u>20+ Years of Service Rate</u>
48-50	2%	2%
51-53	3%	3%
54	12%	12%
55	20%	20%
56-57	30%	30%
58	70%	100%
59	60%	100%
60	70%	100%
61-64	80%	100%
65	100%	100%
Terminated Vested:		
Current and future terminated vested participants are assumed to retire at age 65		
Disabled:		
<u>Ages</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	0.16%	0.09%
30	0.22%	0.17%
35	0.30%	0.27%
40	0.44%	0.40%
45	0.66%	0.60%
50	1.09%	0.94%
55	1.88%	1.52%

Asset Valuation Method

Plan assets are carried at market value with a 5-year average of the difference between actual and expected investment performance. The Actuarial Value of assets is subject to limits of no less than 80% and no more than 120% of Market Value.

Iron Workers Local 549 and 550 Pension Plan

NOTES TO FINANCIAL STATEMENTS

March 31, 2025 and 2024

The Funding Method

The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the Plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.

Minimum Funding Requirement

The contributions for 2025 and 2024 to the Plan exceeded the minimum funding requirements of ERISA.

11 – CLASSIFICATION DIFFERENCES

Form 5500 includes certain assets and liabilities that differ from the amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect on the Net Assets Available for Benefits for either the year ended March 31, 2025 or 2024.

12 – COMMITMENTS & CONTINGENCIES

The Plan committed \$7,500,000 to the Blue Owl Diversified Lending 2020 LP Fund during the year. Of this, \$1,575,000 was funded, leaving \$5,925,000 unfunded as of March 31, 2025.

13 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date that the financial statements were issued, January 12, 2026.

Subsequent Event 1: The Plan satisfied its commitment to Blue Owl Diversified Lending 2020 LP Fund in the amount of \$225,000 on June 26, 2025, and \$1,575,000 on October 22, 2025, leaving an unfunded commitment of \$4,125,000.

SUPPLEMENTARY INFORMATION

Ironworkers Local 549-550 Pension Plan
EIN/PN: 55-6027928/001
Attachment to 2024 Form 5500
Schedule MB, line 6 - Summary of Plan Provisions

Effective April 1, 1964
Last Amendment Effective April 1, 2024

The following is a summary of the major provisions of the plan as of April 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation All persons covered within the bargaining unit for which the employer makes contributions upon the completion of 300 hours of work in a Plan Year.

Vesting Service Past Service: A year or completed quarter year in which the participant was actively employed in the trade from 4/1/1954 to 4/1/1964.

Future Service:

- a) From 4/1/1964 to 3/31/1976, one year of Vesting Service for each plan year during which the employee worked one or more hours.

After 4/1/1976, a year of Vesting Service for each year in which the employee worked 300 hours.

Benefit Credits Past Credits: For service prior to 4/1/1964, a year or completed quarter year in which the participant was in covered employment (maximum of 10).

Future Service: Based on hours in accordance with the table below:

- a) For plan years 4/1/1964 to 3/31/1976

<u>Hours</u>	<u>Credits</u>
0 - 299	0.00
300-599	0.25
600-899	0.50
900-1199	0.75
1200	1.00

- b) For plan years commencing on or after 4/1/1976, one quarter credit for each 300 hours worked. No maximum number of credits for any year.

- c) Effected 4/1/1991, Bank Hour Rule adopted. A participant is granted ¼ credit for each 300 hours. Any hours over 300 increment will be banked towards additional credits at the time of retirement.

Ironworkers Local 549-550 Pension Plan
EIN/PN: 55-6027928/001
Attachment to 2024 Form 5500
Schedule MB, line 6 - Summary of Plan Provisions

**Normal
Retirement**

Eligibility: Age 65 with 5 years of Vesting Service or age 58 and a minimum of 20 Benefit Credits.

Benefit: The normal form of benefit is 5 years certain and life.

- a) For participants of Local 550 retiring on or after April 1, 2020, \$100 per benefit credit earned after April 1, 2020. Plus, an \$80 per benefit credit earned between April 1, 2018 and April 1, 2020, and a \$75 per benefit credit earned between May 1, 1997 and April 1, 2018, and a \$65 per benefit credit earned before May 1, 1997. As of April 1, 2020, the benefit multiplier was increased to \$100 per benefit credit. Effective April 1, 2025, the benefit multiplier was increased to \$150 per benefit credit. (Unlimited Credits)
- b) For participants of Local 549 retiring on or after April 1, 2020, \$100 per benefit credit earned after April 1, 2020. Plus, an \$80 per benefit credit earned between April 1, 2018 and April 1, 2020, and a \$75 per benefit credit earned between July 1, 1995 and April 1, 2018, and a \$65 per benefit credit earned before July 1, 1995. As of April 1, 2020, the benefit multiplier was increased to \$100 per benefit credit. Effective April 1, 2025, the benefit multiplier was increased to \$150 per benefit credit. (Unlimited Credits)

**Early
Retirement**

Eligibility: Age 55 and 10 years of Vesting Service or age 48 and a minimum of 20 Benefit Credits.

Benefit: Calculated as for normal retirement reduced at the rate of:

The benefit accrual prior to April 1, 2004:

- a) 3% for each year the participant is younger than 65 for those with less than 20 Benefit Credits.
- b) 3% for each year the participant is younger than 58 for those with 20 or more Benefit Credits.

The benefit accrual on and after April 1, 2004:

- a) 3% for each year the participant is younger than 65 and older than 55 for those with less than 30 Benefit Credits.
- b) 6% for each year the participant is younger than 55 and older than 48 for those with less than 30 Benefit Credits.
- c) 3% for each year the participant is younger than 58 and older than 55 for those with more than 30 Benefit Credits.
- d) 6% for each year the participant is younger than 55 and older than 48 for those with more than 30 Benefit Credits.

Ironworkers Local 549-550 Pension Plan
EIN/PN: 55-6027928/001
Attachment to 2024 Form 5500
Schedule MB, line 6 - Summary of Plan Provisions

Disability Retirement

Eligibility: 5 years of Vesting Service.

Benefit: For participants who become disabled, 75% of their Normal Retirement Benefit until Normal Retirement Date. Then, 100% of their Normal Retirement Benefit.

Vested Termination

Eligibility: 5 years of Vesting Service.

Benefit: Calculated and payable as for normal retirement.

Pre-Retirement Death Benefit

For married participants eligible for Normal, Early, or Deferred Vested retirement, either (a) or (b):

- a) 50% of the reduced monthly benefit payable had the participant retired the day before his death and elected a 50% Joint and Survivor Benefit, or if this benefit has been waived by both the member and spouse,
- b) The monthly benefit that would have been payable if the participant retired on the day before his death and not elected the 50% Joint and Survivor Benefit. This benefit is payable for a total of 60 months.

Method of Payment

The benefits calculated above are payable during the lifetime of the participant, with 60 payments guaranteed. Married participants will receive a 50% Joint and Survivor Annuity which is actuarially equivalent to the life annuity with 60 payments guaranteed. If the spouse dies prior to the retiree, the retiree's benefit amount will increase ("pop up") to the same benefit the retiree would have received if he had elected the life annuity with 60 payments guaranteed at retirement.

Contribution Rates

The projections reflect the hourly contribution rates included in the current Collective Bargaining Agreement as follows:

Local 549:
Effective 12/1/2019 \$9.02

Local 550:
Effective 5/1/2020 \$9.02

Iron Workers Local 549 and 550 Pension Plan

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 31-0964117

PN: 001

As of March 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
Money market				
	Goldman Sachs Final Square Government Fund	Money Market Fund	\$ 488,400	\$ 488,400
	BNY Mellon NA Insured Dep Account	Money Market Fund	1,260	1,260
	Total money market:		<u>489,660</u>	<u>489,660</u>
US government obligation				
	US Treasury Bonds	U.S. Government Obligation - 4% 11/15/42	280,028	256,534
	US Treasury Bonds	U.S. Government Obligation - 4.25% 2/15/54	939,710	913,924
	US Treasury Note	U.S. Government Obligation - 2.875% 8/15/28	715,096	725,798
	US Treasury Note	U.S. Government Obligation - 3.25% 6/30/29	911,369	939,370
	US Treasury Note	U.S. Government Obligation - 3.50% 1/31/30	908,244	921,416
	US Treasury Note	U.S. Government Obligation - 3.5% 2/15/33	693,283	670,523
	US Treasury Note	U.S. Government Obligation - 4.625% 9/30/30	872,540	876,231
	US Treasury Note	U.S. Government Obligation - 4.375% 5/15/34	123,749	121,622
	US Treasury Note	U.S. Government Obligation - 4.125% 7/31/31	960,445	953,781
	Total US government obligations		<u>6,404,464</u>	<u>6,379,199</u>
Domestic corporation obligation				
	Acuity Brand Lighting Inc.	Domestic Corporate Obligation - 2.150% 12/15/30	206,936	186,009
	Ameren Ill Co	Domestic Corporate Obligation - 5.55% 7/1/54	104,875	98,906
	Ares Cap Corp	Domestic Corporate Obligation - 5.95% 7/15/29	194,144	198,165
	Asbury Automotive Group Inc	Domestic Corporate Obligation - 4.75% 3/1/30	193,680	196,426
	Assurant Inc SR NT	Domestic Corporate Obligation - 2.65% 1/15/32	231,410	202,836
	Bank of America Corp MTN	Domestic Corporate Obligation - 5.875% 2/7/42	193,227	162,060
	Burlington Northern Santa Fe	Domestic Corporate Obligation - 4.15% 4/1/45	152,007	120,669
	Capital One Finl Corp	Domestic Corporate Obligation - 5.268% 5/10/33	182,447	182,151
	Care Cap PPTYS LP	Domestic Corporate Obligation - 5.125% 8/15/26	220,552	199,796
	Central Garden & Pet Co	Domestic Corporate Obligation - 5.125% 2/1/28	214,517	202,362
	Charter Communications	Domestic Corporate Obligation - 5.05% 3/30/29	186,439	189,122
	Cheniere Energy	Domestic Corporate Obligation - 4.5% 10/1/29	243,217	228,570
	Citi Group Int NT	Domestic Corporate Obligation - 4.412 3/31/31	239,081	243,608
	Comcast Corp New SR NT	Domestic Corporate Obligation - 4.7% 10/15/48	165,723	125,616
	DTE Elec Company	Domestic Corporate Obligation - 2.625% 3/1/31	126,394	112,023

See accompanying independent auditor's report.

Iron Workers Local 549 and 550 Pension Plan

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 31-0964117

PN: 001

As of March 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	Duke Energy Carolinas	Domestic Corporate Obligation - 3.75% 6/1/45	204,120	158,645
	HB Fuller Co	Domestic Corporate Obligation - 4.25% 10/15/28	204,312	203,897
	JP Morgan Chase & Co	Domestic Corporate Obligation - 3.328 4/22/52	188,904	180,609
	M/I Schottenstn	Domestic Corporate Obligation - 3.95% 2/15/30	174,150	177,980
	McDonalds Corp MTN	Domestic Corporate Obligation - 4.45% 9/1/48	165,420	126,260
	Murphy Oil USA Inc	Domestic Corporate Obligation - 6.0% 10/1/32	204,799	197,194
	Murphy Oil USA Inc	Domestic Corporate Obligation - 5.625% 5/1/27	210,231	199,170
	Netflix Inc	Domestic Corporate Obligation - 5.875% 11/15/28	170,077	172,564
	Oshkosh Corp	Domestic Corporate Obligation - 3.1% 3/1/30	240,780	225,665
	Plains All American Pipeline LP	Domestic Corporate Obligation - 3.55% 12/15/29	218,993	202,590
	Quanta Svsc Inc	Domestic Corporate Obligation - 2.35% 1/15/32	230,439	201,574
	Service Corp Intl	Domestic Corporate Obligation - 5.125% 6/1/29	219,648	199,647
	Silgan Holdings Inc	Domestic Corporate Obligation - 4.125% 2/1/28	208,937	201,459
	Sixth Str Specialty Lending	Domestic Corporate Obligation - 6.95% 8/14/28	200,114	202,455
	Sunoco LP/Sunoco Fin Corp SR	Domestic Corporate Obligation - 4.50% 5/15/29	196,498	198,878
	Sysco Corp	Domestic Corporate Obligation - 3.30% 2/15/50	193,922	137,147
	T-Mobile USA Inc	Domestic Corporate Obligation - 3.375% 4/15/29	256,068	246,971
	Tegna Inc	Domestic Corporate Obligation - 5.00% 9/15/29	193,321	194,924
	United Rentals North American Inc NT	Domestic Corporate Obligation - 4.875% 1/15/28	196,505	201,501
	Verisk Analytics Inc	Domestic Corporate Obligation - 5.25% 6/5/34	200,037	201,650
	Wells Fargo & Co	Domestic Corporate Obligation - 3.35% 3/2/33	237,574	246,736
	Western Midstream Operating LP	Domestic Corporate Obligation - 6.35% 1/15/29	176,878	182,731
	Total domestic corporate obligations		7,436,513	6,998,417
	Asset backed securities			
	Americredit Auto Receivables	Asset Backed Security - 1.41% 8/18/27	294,951	287,138
	Carmax Auto Owner TR 2020-2	Asset Backed Security - 8.08% 4/16/29	256,481	252,731
	Carmax Auto Owner	Asset Backed Security - 6.44% 12/16/30	133,484	134,321

See accompanying independent auditor's report.

Iron Workers Local 549 and 550 Pension Plan

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 31-0964117

PN: 001

As of March 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	Santander Drive Auto Rec TR	Asset Backed Security - 1.33% 9/15/27	99,911	104,920
	Total asset backed securities		<u>1,073,094</u>	<u>1,067,712</u>
Government Backed Securities				
	Federal Home Loan Mortgage Corporation	Government Backed Security - 2% 2/1/51	485,903	404,310
	Federal Home Loan Mortgage Corporation	Government Backed Security - 3% 4/1/52	785,124	697,149
	Federal Home Loan Mortgage Corporation	Government Backed Security - 3.5% 5/1/52	359,747	333,733
	Federal Home Loan Mortgage Corporation	Government Backed Security - 5.0% 1/1/53	477,791	473,077
	Federal National Mortgage Association	Government Backed Security - 3.0% 11/1/49	108,971	93,463
	Federal National Mortgage Association	Government Backed Security - 2.5% 6/1/50	316,464	254,712
	Federal National Mortgage Association	Government Backed Security - 5.5% 6/1/54	589,537	594,000
	Federal National Mortgage Association	Government Backed Security - 3.0% 8/1/49	24,090	20,594
	Federal National Mortgage Association	Government Backed Security - 2.5% 9/1/50	489,945	403,999
	Federal National Mortgage Association	Government Backed Security - 2.5% 4/1/51	117,275	114,165
	Federal National Mortgage Association	Government Backed Security - 2.5% 6/1/51	137,629	110,837
	Federal National Mortgage Association	Government Backed Security - 3.5% 6/1/52	507,347	492,133
	Federal National Mortgage Association	Government Backed Security - 4.0% 7/1/52	436,205	410,501
	Federal National Mortgage Association	Government Backed Security - 4.50% 11/1/52	613,052	594,228
	Federal National Mortgage Association	Government Backed Security - 5.5% 1/1/53	245,453	244,408
	Federal National Mortgage Association	Government Backed Security - 4.0% 2/1/53	291,742	285,825
	Government National Mortgage Association	Government Backed Security - 8% 4/15/30	608	606
	Total government backed securities		<u>5,986,883</u>	<u>5,527,740</u>
Mutual funds				
*	Vanguard Total Stock Market Index Fund	Domestic Equity Mutual Fund	51,937,680	53,501,825
*	Vanguard Total World Market Index Fund	Foreign Equity Mutual Fund	23,520,609	24,254,794
	Total equity mutual funds		<u>75,458,289</u>	<u>77,756,619</u>

See accompanying independent auditor's report.

Iron Workers Local 549 and 550 Pension Plan

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 31-0964117

PN: 001

As of March 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
Common collective trusts				
*	Boyd Watterson GSA Fund, LP	Common Trust Fund (Real Estate)	7,878,794	8,937,988
*	Fidelity Institutional - FIAM CORE PLUS	Common Trust Fund (Domestic)	11,632,476	20,069,597
*	Manning & Napier Global Equity Fund	Common Trust Fund (Foreign)	6,385,738	16,584,161
*	Emerging Market Equity Fund (QMA)	Common Trust Fund (Foreign)	1,288,692	1,583,563
*	PGIM QS International Core Equity (QMA)	Common Trust Fund (Foreign)	3,220,395	3,479,583
*	Loomis Sayles Core Plus Fixed Income	Common Trust Fund (Fixed Income)	17,769,797	20,086,772
	Total common collective trust funds		<u>48,175,892</u>	<u>70,741,664</u>
Pooled separate accounts				
*	PGIM Real Estate - PRISA	Pooled Separate Account (Real Estate)	1,001,010	8,790,058
*	Quantitative Core Equity Fd (QMA)	Pooled Separate Account (Domestic)	3,473,761	10,109,038
	Total pooled separate accounts		<u>4,474,771</u>	<u>18,899,096</u>
Private investment funds				
*	Ullico Infrastructure Tax-Exempt Fund	Private Investment Fund (Real Estate)	4,962,570	5,307,569
*	Blue Owl Diversified Lending 2020 Fund LP	Private Investment Fund (Fixed Income)	1,585,132	1,609,030
*	Blackstone Infrastructure Partners - V Feeder L.P.	Private Investment Fund (Real Estate)	8,447,983	10,099,096
*	Audax Loan IDF Fund	Private Investment Fund (Fixed Income)	7,500,000	7,501,877
	Total private investment funds		<u>22,495,685</u>	<u>24,517,572</u>
			<u>\$ 171,995,251</u>	<u>\$ 212,377,679</u>

* Denotes part-in-interest as defined by ERISA.

Ironworkers Local 549-550 Pension Plan
 EIN/PN: 55-6027928/001
 Attachment to 2024 Form 5500
 Schedule MB, Line 8b(2)- Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
< 25	0	63	4	0	0	0	0	0	0	0	0	67
25-30	0	40	42	2	0	0	0	0	0	0	0	84
30-35	0	25	21	16	4	0	0	0	0	0	0	66
35-40	0	16	18	9	30	1	0	0	0	0	0	74
40-45	0	12	16	8	38	9	1	0	0	0	0	84
45-50	0	7	7	9	30	26	7	0	0	0	0	86
50-55	0	6	9	7	20	16	22	5	2	0	0	87
55-60	0	4	3	0	10	10	11	7	6	1	0	52
60-65	0	3	1	1	1	0	1	1	0	0	0	8
65-70	0	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0	0
missing	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	176	121	52	133	62	42	13	8	1	0	608

Ironworkers Local 549-550 Pension Plan

EIN/PN: 55-6027928/001

Attachment to 2024 Form 5500 - Schedule MB, line 8b(3) -

Schedule of Projection of Expected Contributions and Withdrawal Liability Payments

<u>Plan Year</u>	<u>Projected Contributions</u>	<u>Projected Withdrawal Liability Payments</u>	<u>Total</u>
2024	\$9,270,000	\$0	\$9,270,000
2025	9,520,000	0	9,520,000
2026	9,770,000	0	9,770,000
2027	10,020,000	0	10,020,000
2028	10,020,000	0	10,020,000
2029	10,020,000	0	10,020,000
2030	10,020,000	0	10,020,000
2031	10,020,000	0	10,020,000
2032	10,020,000	0	10,020,000
2033	10,020,000	0	10,020,000

Ironworkers Local 549-550 Pension Plan
EIN/PN: 55-6027928/001
Attachment to 2024 Form 5500
Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

MINIMUM FUNDING	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>	<u>Amount</u>	<u>Established</u>	<u>Period</u>		
Plan Amendment 96	\$ 5,356,241	4/1/1996	2.0	\$ 810,192	\$ 419,266
Plan Amendment 98	19,526,765	4/1/1998	4.0	5,520,821	1,528,307
Plan Amendment 00	3,153,355	4/1/2000	6.0	1,249,653	246,339
Assumption Change 02	3,888,732	4/1/2002	8.0	1,923,356	303,242
Assumption Change 04	3,774,901	4/1/2004	10.0	2,188,329	293,873
Experience Loss 11	1,130,453	4/1/2011	2.0	229,214	118,617
Assumption Change 12	5,434,295	4/1/2012	3.0	1,595,989	569,635
Experience Loss 12	933,208	4/1/2012	3.0	274,071	97,820
Assumption Change 13	1,366,458	4/1/2013	4.0	516,911	143,094
Experience Loss 13	250,231	4/1/2013	4.0	94,660	26,205
Assumption Change 14	257,896	4/1/2014	5.0	117,857	26,980
Assumption Change 15	2,140,667	4/1/2015	6.0	1,135,037	223,745
Experience Loss 16	3,503,594	4/1/2016	7.0	2,096,418	365,868
Experience Loss 17	4,716,847	4/1/2017	8.0	3,121,406	492,131
Experience Loss 18	2,084,780	4/1/2018	9.0	1,502,589	217,330
Experience Loss 20	2,531,788	4/1/2020	11.0	2,092,999	263,498
Assumption Change 21	6,274,884	4/1/2021	12.0	5,485,508	652,557
Experience Loss 23	636,962	4/1/2023	14.0	612,098	66,241
Plan Change 24	816,594	4/1/2024	15.0	816,594	84,922
Plan Change 24 ¹	27,010	4/1/2024	1.0	<u>27,010</u>	<u>27,010</u>
Subtotal				<u>\$ 31,410,712</u>	<u>\$ 6,166,680</u>
 <u>Credits</u>					
Assumption Change 98	\$ 3,960,962	4/1/1998	4.0	\$ 1,119,887	\$ 310,015
Assumption Change 10	1,373,144	4/1/2010	1.0	144,231	144,231
Experience Gain 10	3,887,715	4/1/2010	1.0	408,355	408,355
Assumption Change 14	465,200	4/1/2014	5.0	212,594	48,669
Experience Gain 14	3,337,766	4/1/2014	5.0	1,525,342	349,193
Experience Gain 15	670,408	4/1/2015	6.0	355,467	70,072
Assumption Change 16	1,507,049	4/1/2016	7.0	901,761	157,376
Assumption Change 17	2,411,061	4/1/2017	8.0	1,595,538	251,557
Assumption Change 18	419,352	4/1/2018	9.0	302,242	43,716
Assumption Change 19	386,008	4/1/2019	10.0	299,398	40,206
Experience Gain 19	1,346,314	4/1/2019	10.0	1,044,236	140,231
Assumption Change 20	341,406	4/1/2020	11.0	282,236	35,532
Experience Gain 21	4,056,638	4/1/2021	12.0	3,546,317	421,870
Experience Gain 22	2,603,758	4/1/2022	13.0	2,393,115	270,778
Experience Gain 24	1,670,264	4/1/2024	15.0	<u>1,670,264</u>	<u>173,699</u>
Subtotal				<u>\$ 15,800,983</u>	<u>\$ 2,865,500</u>
Net Amortization Balance and Payment				\$ 15,609,729	\$ 3,301,180
Credit Balance as of April 1, 2024				43,826,221	
Unfunded Liability				\$(28,216,492)	

¹ 13th check issued to retirees effective December 1, 2024.

Ironworkers Local 549-550 Pension Plan
EIN/PN: 55-6027928/001
Attachment to 2024 Form 5500
Schedule MB, Line 11- Justification for Change in Actuarial Assumptions

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed from 2.70% to 3.49% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.

Ironworkers Local 549-550 Pension Plan
 EIN/PN: 55-6027928/001
 Attachment to 2024 Form 5500
 Schedule MB, line 6 – Statement of Actuarial Methods/Assumptions

As of April 1, 2024

Interest Rates		<u>Current Year</u>	<u>Prior Year</u>
	Minimum/Maximum Funding	7.25%	7.25%
	Present Value of Accrued Benefits	6.50%	6.50%
	Full Funding Limitation		
	Maximum Basis	3.49%	2.70%
	RPA Current Liability	3.49%	2.70%
 Mortality	Healthy:	Society of Actuaries (SOA) headcount weighted Pri-2012 healthy lives mortality with blue-collar adjustment, gender distinct, with separate rates for pre-commencement and post-commencement.	
	Disabled:	SOA headcount weighted Pri-2012 Total Dataset disabled mortality, gender distinct.	
	Surviving Beneficiaries:	SOA headcount weighted Pri-2012 contingent survivor mortality with blue-collar adjustment, gender distinct. Healthy lives mortality is used prior to retiree death.	
	Improvement Scale:	Based on the most recently available mortality experience study from the Society of Actuaries. For the current valuation, projected on a fully generational basis using SOA MP-2021 for years 2012 and later.	

Turnover Based on age. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
22	12.0%
25	10.9%
30	9.1%
35	7.2%
40	5.4%
45	3.6%
50	1.7%
55	0.0%

Retirement Based on age and Benefit Credits as follows:

<u>Age</u>	<u>Service</u>		<u>Age</u>	<u>Service</u>	
	<u><20 Years</u>	<u>20+ Years</u>		<u><20 Years</u>	<u>20+ Years</u>
48-50	2%	2%	58	70%	100%
51-53	3%	3%	59	60%	100%
54	12%	12%	60	70%	100%
55	20%	20%	61-64	80%	100%
56-57	30%	30%	65+	100%	100%

Current and future terminated vested participants are assumed to retire at age 65.

Ironworkers Local 549-550 Pension Plan
 EIN/PN: 55-6027928/001
 Attachment to 2024 Form 5500
 Schedule MB, line 6 – Statement of Actuarial Methods/Assumptions

Disability 100% of the Social Security Study #75. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	
	<u>Male</u>	<u>Female</u>
25	0.16%	0.09%
30	0.22%	0.17%
35	0.30%	0.27%
40	0.44%	0.40%
45	0.66%	0.60%
50	1.09%	0.94%
55	1.88%	1.52%

Expenses Based on the prior year’s expenses, administrative expenses are assumed to be \$359,000.

Percent Married 80% of the participants are assumed to be married with males having spouses who are four year younger and females having spouses who are three years older.

Asset Valuation Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual’s benefits expected to be earned in the current year. The individual’s actuarial accrued liability is the present value of the individual’s benefits earned in previous years.

Incomplete Data Three participants missing a Date of Birth were assumed to be the average age of employees hired during the 2023-24 plan year.

Benefit Accrual Rate Pension credits and expected contributions were based on the assumption that all active participants would work annual hours equal to the average of the prior three years with further adjustment so the total active population equals the Board’s projected industry active of 1,000,000 hours, with contribution rates set forth in the current collective bargaining agreement(s).

Ironworkers Local 549-550 Pension Plan

EIN/PN: 55-6027928/001

Attachment to 2024 Form 5500

Schedule MB, Line 8b(1)- Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	1,012,611	186,758	11,654,362	12,853,731
2025	1,735,363	211,421	11,338,048	13,284,832
2026	2,359,888	250,497	11,035,839	13,646,224
2027	2,856,183	274,122	10,718,330	13,848,634
2028	3,338,400	295,500	10,389,037	14,022,936
2029	3,736,484	325,522	10,048,817	14,110,823
2030	4,036,012	348,184	9,718,347	14,102,543
2031	4,332,716	352,963	9,376,195	14,061,874
2032	4,610,711	429,718	9,026,959	14,067,388
2033	4,889,408	504,004	8,683,928	14,077,341
2034	5,160,422	572,448	8,325,824	14,058,694
2035	5,368,102	660,206	7,964,411	13,992,719
2036	5,590,751	828,879	7,599,302	14,018,932
2037	5,726,934	932,703	7,229,646	13,889,283
2038	5,853,425	1,107,741	6,860,585	13,821,751
2039	5,950,972	1,168,634	6,496,891	13,616,497
2040	6,017,213	1,247,910	6,122,908	13,388,031
2041	6,062,764	1,386,399	5,749,484	13,198,647
2042	6,113,691	1,491,180	5,379,376	12,984,246
2043	6,147,197	1,533,485	5,012,940	12,693,622
2044	6,157,953	1,583,532	4,650,678	12,392,163
2045	6,164,019	1,628,416	4,295,132	12,087,567
2046	6,156,088	1,710,903	3,947,882	11,814,873
2047	6,123,184	1,817,349	3,611,023	11,551,556
2048	6,069,628	1,800,050	3,284,700	11,154,378
2049	6,050,147	1,801,313	2,971,054	10,822,514
2050	5,969,456	1,839,648	2,672,165	10,481,268
2051	5,912,527	1,831,393	2,388,456	10,132,376
2052	5,849,041	1,805,842	2,120,259	9,775,141
2053	5,766,244	1,808,929	1,869,220	9,444,393
2054	5,679,412	1,770,389	1,636,039	9,085,839
2055	5,522,348	1,758,483	1,421,190	8,702,021
2056	5,371,190	1,722,602	1,224,945	8,318,738
2057	5,186,005	1,665,527	1,047,359	7,898,892
2058	5,015,066	1,596,137	888,217	7,499,420
2059	4,852,416	1,524,379	747,062	7,123,857
2060	4,697,706	1,454,934	623,204	6,775,844
2061	4,533,890	1,381,242	515,729	6,430,861
2062	4,336,062	1,304,891	423,542	6,064,496
2063	4,188,215	1,232,460	345,386	5,766,061

Ironworkers Local 549-550 Pension Plan

EIN/PN: 55-6027928/001

Attachment to 2024 Form 5500

Schedule MB, Line 8b(1)- Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2064	3,991,318	1,149,473	279,907	5,420,698
2065	3,775,318	1,067,320	225,716	5,068,355
2066	3,571,578	986,541	181,417	4,739,536
2067	3,362,644	907,658	145,640	4,415,942
2068	3,146,441	831,162	117,082	4,094,686
2069	2,939,410	757,455	94,543	3,791,408
2070	2,725,393	686,905	76,935	3,489,233
2071	2,519,570	619,791	63,302	3,202,663
2072	2,323,302	556,325	52,813	2,932,439
2073	2,136,758	496,703	44,762	2,678,223
2074	1,959,926	441,047	38,573	2,439,546

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

Plan Name: Iron Workers Local 549-550 Pension Plan

Sponsor's Name: Board of Trustees - Iron Workers Local 549-550 Pension Plan

EIN: 55-6027928

Date Range	<u>12/1/2023-11/30/2024</u>
Rate	9.02

Date Range	<u>12/1/2024-11/30/2025</u>
Rate	9.27

Iron Workers Local 549 and 550 Pension Plan

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 31-0964117

PN: 001

As of March 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net Gain/(loss)
<u>SINGLE TRANSACTIONS EXCEEDING 5%</u>						
	Purchase	\$ -				
	Sale		\$ -			
	Issue Aggregate Total				\$ -	\$ -
<u>AGGREGATE TRANSACTIONS EXCEEDING 5%</u>						
Union Bank & Trust	Vanguard Total Stock Market Index Fund	\$ -	\$ 11,200,000	\$ 10,993,528	\$ 11,200,000	\$ 206,472
Union Bank & Trust	Vanguard Total Stock Market Index Fund	15,503,408	-	15,503,408	15,503,408	-
Union Bank & Trust	Goldman Sachs Financial Square Govt Fund	-	15,499,250	15,499,250	15,499,250	-
	Purchase	\$ 15,503,408				
	Sale		\$ 26,699,250			
	Issue Aggregate Total				\$ 42,202,658	\$ 206,472

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 04/01/2024 and ending 03/31/2025

▶ **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 549-550 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IRONWORKERS LOCAL 549-550 PENSION PLAN	D Employer Identification Number (EIN) 55-6027928	

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

1a Enter the valuation date: Month 04 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	207,065,803
(2) Actuarial value of assets for funding standard account.....	1b(2)	205,148,776
c (1) Accrued liability for plan using immediate gain methods	1c(1)	176,932,284
(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)	176,932,284
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)	294,152,642
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	7,659,024
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	12,873,171
(3) Expected plan disbursements for the plan year	1d(3)	12,853,731

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	 	12/18/2025
	Signature of actuary	Date
	MATTHEW KLEIN	2306865
	Type or print name of actuary	Most recent enrollment number
	ACRISURE	412-394-9330
	Firm name	Telephone number (including area code)
	FOUR GATEWAY CENTER, SUITE 605 444 LIBERTY AVENUE PITTSBURGH PA 15222-1222	
	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	3.49%
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)	9P
(2) Females.....	6c(2)	9PF
d Valuation liability interest rate.....	6d	7.25%
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" 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)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.5%
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	15.0%
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)	359,000
(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
3	816,594	84,922
3	27,010	27,010
1	-1,670,264	-173,699

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	
b Employer's normal cost for plan year as of valuation date	9b	3,722,064
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)	31,410,712
(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	716,934
e Total charges. Add lines 9a through 9d	9e	10,605,678
Credits to funding standard account:		
f Prior year credit balance, if any	9f	43,826,221
g Employer contributions. Total from column (b) of line 3	9g	9,172,807
	Outstanding balance	
h Amortization credits as of valuation date	9h	15,800,983
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	3,661,930
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	20,720,334
(2) "RPA '94" override (90% current liability FFL)	9j(2)	63,034,192
(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	59,526,458
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	48,920,780
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No