

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: IRONWORKERS LOCAL NO. 6 PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 PENSION FUND
2b Employer Identification Number (EIN): 16-6085493
2c Plan Sponsor's telephone number: 716-828-1400
2d Business code (see instructions): 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator (James Willis III), employer/plan sponsor (James Logan), and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	515
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	
	6a(2)	0
	6b	271
	6c	94
	6d	365
	6e	123
	6f	488
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

A Name of plan <u>IRONWORKERS LOCAL NO. 6 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>BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 PENSION FUND</u>	D Employer Identification Number (EIN) <u>16-6085493</u>	

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

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

b Assets

(1) Current value of assets	1b(1)	<u>1113275</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1113275</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>40667242</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>40667242</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>46500512</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>200000</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>4026749</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>4026749</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>12/22/2025</u>
Signature of actuary	Date
<u>KEITH L. NICHOLS, M.A.A.A., E.A.</u>	<u>23-04725</u>
Type or print name of actuary	Most recent enrollment number
<u>USI CONSULTING GROUP</u>	<u>724-934-2760</u>
Firm name	Telephone number (including area code)
<u>6 PPG PLACE, SUITE 200 PITTSBURGH, PA 15222</u>	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1113275
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	414	41007201
(2) For terminated vested participants	114	5493311
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		0
(c) Total active	6	0
(4) Total	534	46500512
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	2.39 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/01/2024	587					
12/01/2024	14697					
			Totals ▶	3(b)	15284	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	14697

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	2.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2024

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	AF AF
d Valuation liability interest rate	6d	5.50 % 5.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	%
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	200000
(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
4	-253707	-23958
1	-4026675	-380246

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	8617154
b Employer's normal cost for plan year as of valuation date.....	9b	200000

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)	50710994	5272225
(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		774916
e Total charges. Add lines 9a through 9d.....	9e		14864295
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		15284
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	19774181	1935697
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		106884
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	41940435	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	42828399	
(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		2057865
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		12806430
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		12806430
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 **06/01/2024** and ending **05/31/2025**

A Name of plan IRONWORKERS LOCAL NO. 6 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 PENSION FUND	D Employer Identification Number (EIN) 16-6085493	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RONALD SOKOLOWSKI

13-3234213

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TAMMI HABERMEHL

13-3234213

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	27600	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)

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	12133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan IRONWORKERS LOCAL NO. 6 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 PENSION FUND	D Employer Identification Number (EIN) 16-6085493

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1112683	1075425
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	116116	112706
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	592	
f Total assets (add all amounts in lines 1a through 1e).....	1f	1229391	1188131
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	156	234
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28136318	31199956
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28136474	31200190
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-26907083	-30012059

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)	587	
(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)		587
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	215	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		17544
d Total income. Add all income amounts in column (b) and enter total.....	2d		18346

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2936242	
(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)		2936242
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)	78682	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	16138	
(4) IQPA audit fees	2i(4)	19357	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	27600	
(8) Legal fees	2i(8)	5786	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	39517	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		187080
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3123322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3104976
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARCARA LENDA EUSANIO & STACEY CPAS**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 566970.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan IRONWORKERS LOCAL NO. 6 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 PENSION FUND	D Employer Identification Number (EIN) 16-6085493	

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): <u>16-0923708</u>		
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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer IRONWORKERS LOCAL 6 UNION

b EIN 16-0492620 **c** Dollar amount contributed by employer 356

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 05 Day 31 Year 2026

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) 0.05

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

a Name of contributing employer IRONWORKERS 6 MEDICAL & SUB PAY PLAN

b EIN 13-3234213 **c** Dollar amount contributed by employer 231

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 05 Day 31 Year 2026

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) 0.05

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	488
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	515
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	554

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	0.95
b The corresponding number for the second preceding plan year	15b	0.88

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Ironworkers Local 6 Pension Fund

Financial Statements

For the Years Ended May 31, 2025 and 2024

Ironworkers Local 6 Pension Fund

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Independent Auditor's Report

To the Board of Trustees of
Ironworkers Local 6 Pension Fund

Opinion

We have audited the accompanying financial statements of the Ironworkers Local 6 Pension Fund ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of May 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Ironworkers Local 6 Pension Fund as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2024, and changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

Williamsville, New York
September 18, 2025

Ironworkers Local 6 Pension Fund

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

	2025	2024
Assets		
Receivables		
Employer Withdrawal Liability Assessments		
Currently Due	\$ 3,915	\$ 3,409
Non-Current	108,791	112,707
	112,706	116,116
Cash, Non-Interest Bearing	1,075,425	1,112,683
Office Equipment		
Cost	61,870	61,870
Less Accumulated Depreciation	(61,870)	(61,278)
	-	592
Total Assets	1,188,131	1,229,391
Liabilities		
Accounts Payable and Accrued Expenses	234	156
Due to Related Funds	20,266	28,650
Loan Payable - PBGC	31,179,690	28,107,668
Total Liabilities	31,200,190	28,136,474
Net Assets (Deficit) Available for Benefits	\$ (30,012,059)	\$ (26,907,083)

Ironworkers Local 6 Pension Fund

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

	2025	2024
Additions to Net Assets		
Employer Contributions	\$ 587	\$ 551
Employer Interest and Late Fees	11,850	16,628
Beacon/Jeanneret Settlement	4,858	4,750
Other Income	1,051	4,046
Total Additions	18,346	25,975
Deductions from Net Assets		
Pension Benefit Payments	2,936,242	3,061,820
Administrative Expense		
Compensation	39,977	39,354
Depreciation	592	1,185
Employee Benefits	38,705	38,030
Insurance	22,921	20,561
Office Expense	5,945	6,692
Professional Services		
Accounting	19,357	21,540
Actuarial	27,600	51,375
Computer Programming	16,138	17,433
Legal	5,786	19,385
Other	375	375
Rent	6,300	6,300
Taxes, Payroll	3,384	3,565
	187,080	225,795
Total Deductions	3,123,322	3,287,615
Decrease in Net Assets	(3,104,976)	(3,261,640)
Net Assets (Deficit) Available for Benefits		
Beginning of Year	(26,907,083)	(23,645,443)
End of Year	\$ (30,012,059)	\$ (26,907,083)

Ironworkers Local 6 Pension Fund

Statement of Accumulated Plan Benefits As of May 31, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested (Nonforfeitable) Benefits

Deferred Vested Participants

\$ 4,195,747

Participants Currently Receiving Benefits

36,471,495

Actuarial Present Value of Accumulated Plan Benefits

\$ 40,667,242

Ironworkers Local 6 Pension Fund

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

Actuarial Present Value of Accumulated Plan Benefits at June 1, 2023	\$ 42,567,212
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated	(792,196)
Benefits Paid	(3,061,820)
Change in Actuarial Assumptions	(253,707)
Change in Discount Period	2,207,753
<hr/>	
Net Decrease	(1,899,970)
<hr/>	
Actuarial Present Value of Accumulated Plan Benefits at May 31, 2024	\$ 40,667,242

Ironworkers Local 6 Pension Fund

Notes to Financial Statements May 31, 2025 and 2024

Note 1 - Description of the Plan

The following brief description of the Ironworkers Local 6 Pension Fund is provided for general information purposes only. Participants should refer to the Plan of Benefits for more complete information.

General

Ironworkers Local 6 Pension Fund (“Plan” or “Pension Fund”) is a multiemployer defined benefit pension plan formed in 1966 under an agreement between the International Association of Bridge, Structural and Ornamental Ironworkers, Local Union No. 6 (the “Union”) and certain employer groups including the Construction Industry Employers Association. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by a Joint Board of Trustees, consisting of members appointed by both employers and the Union.

Plan Termination and Subsequent Resumption of Employer Participation

The Plan was amended effective October 1, 2002, to freeze all benefit accruals. Pursuant to an agreement between contributing employers to the Pension Fund and the Union, employers permanently ceased their obligations under collective bargaining agreements to make contributions to the Pension Fund for hours paid and payable after May 31, 2006, and as a result, contributing employers withdrew from the Pension Fund in an agreed mass withdrawal effective May 31, 2006. No new participants were allowed to enter the Plan after that date through April 30, 2023.

In an effort to qualify for funding under the Special Financial Assistance (“SFA”) Program under the American Rescue Plan Act (“ARPA”) of 2021 (see below), effective May 1, 2023, the Pension Plan was reactivated. On May 17, 2023, participation agreements were signed by two new contributing employers (Ironworkers Local No. 6 and Ironworkers Local #6 Medical and S.U.B. Pay Plan) whereby each employer will make monthly payments on behalf of its full-time, non-bargaining unit employees at an hourly rate as noted in the agreement effective May 1, 2023. Employees will only earn additional vesting service.

Plan Insolvency

The Plan became insolvent in Plan year beginning June 1, 2012; therefore, the Pension Benefit Guaranty Corporation’s (“PBGC”) guaranteed benefit formula became effective June 1, 2012. Generally, the PBGC’s guaranteed benefit is calculated as follows: for each year of credited service under the Plan, the maximum guarantee of monthly benefits is limited to 100% of the first \$11 of the participant’s accrual rate, plus 75% of the next \$33 for each year of credited service or a maximum of \$35.75 per year of credited service. For purposes of calculating the guaranteed benefit, credited service is limited to one year in any plan year. In addition, the Plan may no longer provide the pre-retirement death benefit to a participant’s surviving spouse. Only those benefits which are non-forfeitable prior to insolvency of the Plan are guaranteed.

Special Financial Assistance (“SFA”) Program

The SFA Program under ARPA was established to provide funding assistance to severely underfunded multiemployer pension plans. In preparation for the submission of a filing under the SFA Program, the Plan filed a “lock-in” application in June 2025, to set the date for the census data used for projections and to secure the Plan’s place for the PBGC’s review of the application. The Plan Trustees, with assistance from the Plan’s actuary, are working on an application for funding under the SFA, which is expected to be submitted by the end of 2025. If approved for SFA, the Plan may receive funding to cover pension benefits through 2051. Included in the SFA amount will be a retroactive payment for any benefits that were previously reduced or otherwise suspended under the Plan. Retroactive payments to the Fund would be passed on to the impacted members who are still alive on the date the SFA funds are received.

Funding Policy

As a result of the Plan becoming insolvent, effective June 1, 2012, the PBGC provides funds to cover funding deficiencies. The Plan sends a funding request to the PBGC on a quarterly basis to cover the projected funding deficiency for the upcoming quarter. The amounts received from the PBGC are loans to the Plan, and a security agreement is in place for such loans. The security agreement states that the PBGC will retain a security interest in all future employer contributions (payments in lieu of withdrawal liability) and withdrawal liability payments.

Payments in lieu of withdrawal liability assessments were made by certain employers through May 31, 2021, as part of a settlement agreement with the PBGC when the Plan was terminated. Certain employers did not sign the settlement agreement and continue to make payments to the Plan on their withdrawal liability assessment. Each employer's assessment, which was calculated by the Plan's actuary, was based on the portion of the Plan's unfunded vested benefits attributable to the withdrawing employer.

Eligibility for Participation

Effective May 17, 2023, employees who complete at least 1,000 hours of service during a 12-month period and for whom contributions are made by employers to the Ironworkers Local No. 6 Pension Plan, shall become participants on the first day of the month following the completion of the 12-month period. Prior to May 17, 2023, all participation ceased on May 31, 2006.

Vesting

Participants in the Plan no longer accrued vesting service upon termination of the Plan effective May 31, 2006. Therefore, only those participants who were vested as of such date are entitled to a benefit under the Plan.

Effective May 1, 2023, a participant accrues vesting service under the plan by working at least 240 hours during a plan year. For 240 to 299 hours, 0.2 years of vesting service is earned. For each subsequent 100 hours, an additional 0.1 years of vesting service is earned.

Credited Service

No credited service is earned after May 3, 2006.

Normal Retirement Date

Normal retirement date is the later of the participant's 62nd birthday or the fifth anniversary of the initial entry date.

Normal Retirement Benefit

A participant's normal retirement benefit is calculated pursuant to the PBGC's guaranteed benefit formula noted in the "Plan Insolvency" paragraph above.

Death Benefit - Post Termination

The only form of death benefit payable under the Plan after the termination of the Plan and prior to Plan year beginning June 1, 2011, was a pre-retirement spousal benefit. Under this form of benefit, the participant's surviving spouse was entitled to receive a monthly benefit equal to 50% of the monthly retirement benefit to which the participant was entitled as of May 31, 2006. Effective June 1, 2011, the beginning of the Plan year in which the Plan's actuary estimated the Plan's insolvency, such benefit was required to be eliminated by the PBGC. In December 2014, the federal government passed the Multiemployer Pension Reform Act of 2014. Such law amended ERISA to allow for the payment of the pre-retirement spousal benefit and as such, the Board of Trustees of the Plan voted to amend the Plan to retroactively reinstate this benefit.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The Trustees use estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, actuarial values, disclosure of contingent assets and liabilities, and the reported additions and deductions from Plan net assets available for benefits. Actual results could differ from such estimates.

Receivables from Employers

Receivables for withdrawal liability assessments are accrued based on the individual settlement agreement for each employer, ongoing analysis of the collectability of each assessment, and review of subsequent receipts. Each withdrawing employer has different payment terms based on the quarterly payment calculated by the Plan's actuary. Certain employers have payment terms described as "indefinite" based on the established payment, the amount of the withdrawal liability, and the interest rate used. For such employers, the management of the Plan has determined that a reasonable period for estimation of collection is 25 years, and the payments to be received over such a period were adjusted to the net present value. There were no estimated uncollectible amounts at May 31, 2025 and 2024.

Employer contributions receivable are accrued based on subsequent employer remittances.

Office Equipment

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

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

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Benefits under the Plan as of June 1, 2012, were reduced to the level guaranteed by the PBGC. Benefits payable are included, to the extent they are deemed attributable to participant service rendered to the date as of which the benefit information is presented (the valuation date).

For those participants not currently receiving benefits, their starting date will be the earliest date they can receive benefits under the Plan (normal retirement date).

At June 1, 2024, the Plan had 6 active members, 292 retired members, 114 terminated vested members, and 122 surviving beneficiaries.

Note 3 (Continued)

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirements) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of June 1, 2024, are as follows:

Actuarial Assumptions

Funding and Accumulated Benefits	ERISA Section 4044 Annuity rates in effect on the valuation date. For 2024 (net of investment expenses): 5.50% per year for the next 20 years (5.38% for 2023) 4.83% per year thereafter (5.09% for 2023)
Rates of Withdrawal	
Mortality - Healthy	ERISA Section 4044 Healthy Lives Mortality Table in effect on the valuation date.
Mortality - Disabled	ERISA Section 4044 Disabled Lives Mortality Table in effect on the valuation date.
Employee Termination	None
Retirement	100% at age 62
Disability	None
Administrative Expenses	\$200,000, rounded to the nearest \$10,000.
Marriage Rate	85% of members are assumed to be married. Females are assumed to be three years younger than males.
Asset Valuation Method	Market value of Plan assets, excluding the value of any PBGC loans.
Actuarial Cost Method	Unit Credit
Prescribed Assumptions and Methods Set by Law:	
RPA '94 Current Liability	
Interest Rate	3.63% per year, net of investment expenses (2.80% in 2023)
Mortality Table	IRS 2024 Static Mortality Table (2023 Table in 2023)

Note 3 (Continued)

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

The changes in actuarial assumptions noted above resulted in a decrease in the actuarial present value of accumulated plan benefits for the year ended May 31, 2024, of \$253,707.

Actuarial Valuation

The actuarial present value of accumulated plan benefits as of May 31, 2024, is reported in the statement of accumulated plan benefits and the changes therein since the estimated valuation at June 1, 2023, are reported in the statement of changes in accumulated plan benefits. As disclosed in the statement of changes in accumulated plan benefits, the actuarial present value of accumulated plan benefits decreased by \$1,899,970 in the Plan year ended May 31, 2024.

The actuarial study showed that, at June 1, 2024, the actuarial accrued liability exceeded the actuarial value of Plan assets by \$39,437,851. This represented a decrease in the unfunded accrued liability of \$1,898,958 since the previous valuation as of June 1, 2023. In addition, because the Plan is not expected to become solvent, and the PBGC does not provide funding for subsidized early retirement benefits, the actuary has not valued any subsidized early retirement benefits, nor any benefits removed as a result of the May 31, 2006, mass withdrawal. This includes unreduced disability benefits, “pop-ups” on the J&S options, and lump sum death benefits for active and in-inactive members.

The Plan has expected contributions of \$631, which are substantially less than the minimum required amount and the Plan will immediately have a funding deficiency and is expected to continue to be insolvent. No new benefits are being earned by participants.

Funded Status

For the Plan years beginning June 1, 2024 and June 1, 2023, the Plan’s actuary certified the Plan to be in critical and declining status with a funding percentage of less than 5% in each year, with the Plan expected to continue to be insolvent. As a result, the Trustees of the Plan are required to implement a rehabilitation plan designed to include all “reasonable measures” to allow the Plan to emerge from the critical status by the end of the rehabilitation period. In December 2023, the Trustees concluded, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, that the Plan cannot reasonably be expected to emerge from critical status by the end of the rehabilitation period or any time thereafter. As such, the employer contribution level will be maintained indefinitely at its current amount under the participation agreements while keeping in place the reductions in benefits required as a condition of financial assistance from the PBGC.

The actuary completed the certification for the Plan year beginning June 1, 2025, and determined that the Plan continues to be critical and declining.

Note 4 - Contingencies and Concentrations

Contingent Assets

On occasion, the Plan, together with other affiliated funds, may initiate legal action against certain employers for collection of delinquent contributions, late payment penalties, employer withdrawal liability and various collection and other costs. The collectability of such amounts is uncertain, and income will only be recorded when collections are certain.

Concentration of Credit Risk

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

Note 5 - Transactions with Parties-in-Interest and Related Parties

Related Parties

Employees of Ironworkers Local #6 Medical & S.U.B. Pay Plan (“Medical & S.U.B. Pay Plan”) perform various administrative and clerical functions for the Pension Fund, Ironworkers Local 6 Profit Sharing Plan (“Profit Sharing Plan”), and Ironworkers Local 6 Retirement Fund (“Retirement Fund”). Most expenses applicable to such functions, including compensation and employee benefits, are paid directly by the Medical & S.U.B. Pay Plan. All such expenses are allocated among the funds based on management estimates. Amounts paid by the Medical and S.U.B. Pay Plan which were allocated to the Pension Fund totaled \$82,066 and \$80,949 for years ended May 31, 2025 and 2024, respectively. At May 31, 2025 and 2024, the Pension Fund owed the Medical and S.U.B. Pay Plan \$20,266 and \$28,650, respectively, in settlement of these shared costs.

In addition, the Medical & S.U.B. Pay Plan administers a clearing account to collect employer contributions and other remittances to the Pension Fund and other affiliated benefit funds and the Union. At May 31, 2025 and 2024, all employer contributions and remittances collected in the clearing account on behalf of the Pension Fund have been distributed.

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

Note 6 - Pension Plans

Employees of the Medical & S.U.B. Pay Plan are participants in the Pension Fund, the Profit-Sharing Plan (a multiemployer defined contribution pension fund), and the Retirement Fund (a multiemployer defined benefit pension fund). The Plan’s allocated share of pension contributions made on behalf of such employees for the years ended May 31, 2025 and 2024, amounted to \$16,902 and \$16,683, respectively.

Note 7 - Tax Status

On March 16, 2015, the Plan received a favorable determination letter from the Internal Revenue Service (“IRS”) indicating that it qualified under Section 401(a) of the Internal Revenue Code. The Plans Trustees and the Plan’s legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

Schedule MB, Actuarial Assumptions and Methods
Ironworkers Local No. 6 Pension Plan
June 1, 2024 Valuation
EIN/PN: 16-6085493 / 001

1. Data

- | | |
|------------------------------|---|
| a. Valuation Date | June 1, 2024 |
| b. Employee Data | Member data was supplied by the Ironworkers Local No. 6 |
| c. Asset Data | Provided by Arcara, Lenda, Eusanio, & Stacey CPAs. |
| d. Contribution Rate | \$.05 per hour effective May 17, 2023 |
| e. Future Hours to be Worked | Based on hours worked in prior plan year |

2. Non-Prescribed Assumptions and Methods

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

- | | |
|-----------------------------------|--|
| a. Funding & Accumulated Benefits | ERISA 4044 Annuity rates in effect on the valuation date.
For 2024:
5.50% per year for next 20 years
4.83% per year thereafter
Both rates are net of investment expenses |
|-----------------------------------|--|

Rationale for Interest Rate: Based on capital market expectations and the target asset allocation. The plan is currently in default and receives all funding through PBGC loans. These interest rates correspond with PBGC 4044 rates in effect on the first day of the plan year.

b. Rates of Withdrawal

- | | |
|------------------------|---|
| i) Mortality - healthy | ERISA Section 4044 Healthy Lives Mortality Table in effect on the valuation date |
| Mortality – disabled | ERISA Section 4044 Disabled Lives Mortality Table in effect on the valuation date |

Rationale for Mortality Tables: The plan is currently in default and receives all funding through PBGC loans. These mortality tables correspond with PBGC 4044 rates in effect on the first day of the plan year.

- | | |
|--------------------------|------|
| ii) Employee Termination | None |
|--------------------------|------|

Rationale for Termination Rates: Virtually all members have previously terminated employment.

- | | |
|-----------------|----------------|
| iii) Retirement | 100% at age 62 |
|-----------------|----------------|

Rationale for Retirement Rate: Virtually all members have previously terminated employment.

- | | |
|----------------|------|
| iv) Disability | None |
|----------------|------|

Rationale for Disability Rates: Virtually all members have previously terminated employment.

Schedule MB, Actuarial Assumptions and Methods
 Ironworkers Local No. 6 Pension Plan
 June 1, 2024 Valuation
 EIN/PN: 16-6085493 / 001

c. Administrative Expenses Anticipated administrative expenses to be paid in the current year, rounded to the nearest \$10,000. \$200,000 for the 2024 valuation

d. Marriage Rate Eighty-five percent of members are assumed to be married. Females are assumed to be three years younger than males.

Rationale for Marriage Rates: Based on national averages and reviewed for consistency with plan experience.

e. <u>Optional Forms of Payment</u>	Optional Form of Payment Percentage	Election
	10 Year Certain	25.0%
	Joint and 50% Survivor	37.5%
	Joint and 100% Survivor	37.5%

Rationale for Optional Forms of Payment: Based on historical election percentages.

f. Methods

i) Asset Valuation Method Market value of plan assets, excluding the value of any PBGC loans.

ii) Actuarial Cost Method Unit Credit.

The plan previously experienced a mass withdrawal in 2006 and has been receiving all funding through PBGC loans. Effective May 17, 2023 a new participation agreement was signed and two employers resumed contributions which effectively re-activated the plan.

Because of the large time gap between actuarial ERISA funding valuations and the lack of ongoing maintenance of the amortization bases and the funding standard account, the unfunded accrued liability as of June 1, 2022 was treated as the new amortization base and amortized over 15 years. In addition, the credit balance was reset to \$0. Future maintenance of amortization bases and funding standard accounts will follow ERISA guidelines applicable to immediate gain funding methods.

f. Methods (continued)

iii) Modeling Assumption

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness

g.. Significant Benefits Not Valued

Because the plan is not expected to become solvent, and the PBGC does not provide funding for subsidized early retirement benefits, we have not valued any subsidized early retirement benefits. This includes the unreduced benefits after 30 years of service and age 55, and the special Rule of 85 Retirement benefits.

We have also not valued any benefits removed as a result of the May 31, 2006 mass withdrawal. This includes unreduced disability benefits, "pop-ups" on the J&S options, and lump sum death benefits for active and in-inactive members.

3. Prescribed Assumptions and Methods Set by Law

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

RPA '94 Current Liability

Interest Rate	3.63% per year, net of investment expenses
Mortality Table	IRS 2024 Static Mortality Table

4. Changes in Actuarial Assumptions or Cost Methods

The ERISA 4044 Annuity rates used for funding were 5.38% for the first 20 years and 5.09% thereafter.

The RPA '94 current liability rate was 3.63%

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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


A Name of plan <u>Ironworkers Local No. 6 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>Board Of Trustees Ironworkers Local No. 6 Pension Fund</u>	D Employer Identification Number (EIN) <u>16-6085493</u>	

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

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

b Assets		
(1) Current value of assets	1b(1)	1,113,275
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,113,275
c (1) Accrued liability for plan using immediate gain methods	1c(1)	40,667,242
(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)	40,667,242
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)	46,500,512
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	200,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,026,749
(3) Expected plan disbursements for the plan year	1d(3)	4,026,749

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

SIGN HERE	 Signature of actuary <u>Keith L. Nichols, M.A.A.A., E.A.</u> Type or print name of actuary <u>USI Consulting Group</u> Firm name <u>6 PPG Place, Suite 200</u> <u>Pittsburgh PA 15222</u> Address of the firm	<u>12/22/2025</u> Date <u>2304725</u> Most recent enrollment number <u>724-934-2790</u> Telephone number (including area code)
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- 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	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63%
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females.....	6c(2)	AF AF
d Valuation liability interest rate.....	6d	5.50% 5.50%
e Salary scale.....	6e	0.00% <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	0%
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	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)	200,000
(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
4	-253,707	-23,958
1	-4,016,988	-379,332

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	8,617,154
b Employer's normal cost for plan year as of valuation date		9b	200,000
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)	50,710,994	5,272,225
(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	774,916
e Total charges. Add lines 9a through 9d		9e	14,864,295
Credits to funding standard account:			
f Prior year credit balance, if any		9f	0
g Employer contributions. Total from column (b) of line 3		9g	15,284
h Amortization credits as of valuation date		Outstanding balance	
	9h	19,774,181	1,935,697
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	106,884
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	41,940,435	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	42,828,399	
(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	2,057,865
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	12,806,430
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	12,806,430
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 MB, Summary Plan Provisions
 Ironworkers Local No. 6 Pension Plan
 June 1, 2024 Valuation
 EIN/PN: 16-6085493 / 001

1. Plan Year Ends May 31
2. Eligibility for Participation Effective May 17, 2023, employees who complete at least 1000 hour of service during a 12-month period and for whom contributions are made by employers to the Ironworkers Local No. 6 Pension Plan, shall become participants on the first day of the month following the completion of the 12 month period. Prior to May 17, 2023, all participation ceased on May 31, 2006.
3. Vesting Service Plan Year in which the member completes 1000 or more hours of service, including years prior to the effective date of this plan. Partial years are granted for hours greater than 240. For 240 – 299 hours, .2 Years of Vesting Service is earned. Each subsequent 100 hours earns an additional .1 Years of Vesting Service.
4. Credited Service No Credited Service is earned after May 31, 2006.
5. Accrued Benefit No Accrued Benefits are earned after October 1, 2002.
6. Normal Retirement The later of the participant's 62nd birthday or the fifth anniversary of the initial entry date. Benefit is the accrued benefit
7. Early Retirement Normal retirement pension, actuarially reduced, for any participant who has attained age 55 and completed five years of Credited Service.

Unreduced benefits are also available after the completion of 30 years of Credited Service and the attainment of age 55, or for anyone over age 55, any combination of age plus Credited Service that exceeds 85.
8. Disability Retirement A participant who has completed at least 5 years of Vesting Service and becomes totally and permanently disabled, under Social Security, shall be entitled to an immediate annuity equal to actuarial equivalent of the Accrued Benefit.

Disability benefits cease at the time Early Retirement Benefits commence or if re-employed.
9. Deferred Vested Retirement A participant shall be vested in his accrued benefit according to the following schedule:

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

10. Death in Active Service Benefit

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

There is no death benefit payable to the beneficiary of a non-married participant who dies prior to retirement after May 31, 2006.

11. Optional Forms of Benefit

The accrued benefit is expressed in the straight life form to which all other optional forms are actuarially equivalent.

Married participants may choose a 50%, 66 2/3%, 75% or 100% joint and survivor benefit. Married or Non-married participants may choose a life annuity with 10 Years Certain Annuity

The normal form is a 50% joint and survivor benefit for married participants and a straight life benefit for participants who are not married.

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Ironworkers Local No. 6 Pension Plan

June 1, 2024 Valuation

EIN/PN: 16-6085493 / 001

The ERISA 4044 Annuity rates used for funding were 5.38% for the first 20 years and 5.09% thereafter. They have been updated to 5.50% for the first 20 years and 4.83% thereafter. The plan is currently in default and receives all funding through PBGC loans. These interest rates correspond with PBGC 4044 rates in effect on the first day of the plan year.

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Ironworkers Local No. 6 Pension Plan

June 1, 2024 Valuation

EIN/PN: 16-6085493 / 001

The plan is currently insolvent and current contribution levels are not anticipated to impact the insolvency of the plan.

Schedule MB, Lines 4d and 4e – Description of Benefit Reductions Due to Suspension or Partition
Ironworkers Local No. 6 Pension Plan
June 1, 2024 Valuation
EIN/PN: 16-6085493 / 001

Benefits during the current year were reduced as applicable to PBGC Guarantee levels. These benefit reductions were not reflected in the liability shown in Line 1c(3).

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
 Ironworkers Local No. 6 Pension Plan
 June 1, 2024 Valuation
 EIN/PN: 16-6085493 / 001

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Charges			
6/1/2022 ¹	<u>\$ 50,710,994</u>	13	<u>\$ 5,272,225</u>
Total	\$ 50,710,994		\$ 5,272,225
Credits			
6/1/2024	\$ 4,016,988	15	\$ 379,332
6/1/2024	253,707	15	23,958
6/1/2023	3,526,421	14	348,561
6/1/2023	<u>11,977,065</u>	14	<u>1,183,846</u>
Total	\$ 19,774,181		\$ 1,935,697
Total	\$ 30,936,813		\$ 3,336,528

¹This was the first valuation since the plan was re-activated. Re-established UAL as of valuation date.