

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

Part II Basic Plan Information—enter all requested information

1a Name of plan CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/18/1962
2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES, CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL
2b Employer Identification Number (EIN) 95-6042867
2c Plan Sponsor's telephone number 626-792-7337
2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Jason Gallia (plan administrator) and Dennis Andersen (employer/plan sponsor).

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	9827
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)	9827
	6a(2)	8518
	6b	0
	6c	0
	6d	8518
	6e	
	6f	
	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	579

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

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)

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

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

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

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

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

Receipt Confirmation Code _____

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 CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL	D Employer Identification Number (EIN) 95-6042867	

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

BNY MELLON

95-3571558

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

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

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

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

IRONWORKERS EMPLOYEES BENEFIT CORP.

95-3084599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1175053	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)

LOGICALIS, INC.

13-4000122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	44722	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)

TOP TIER RESOURCES INC

82-2957919

(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?
16 50	NONE	37798	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)

KRAW LAW GROUP, APC

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	31825	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)

IRON MOUNTAIN INC.

04-3038590

(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 50	NONE	27985	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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	27315	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)

LEVEL 3 FINANCING, INC.

47-0735805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22517	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21276	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)

ROTH STAFFING COMPANIES, LP

33-0633164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20209	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)

NTH GENERATION COMPUTING, INC

33-0451285

(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 50	NONE	9534	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNION GRAPHICS, LLC

9960 GLENOAKS BLVD, UNIT A
SUN VALLEY, CA 91352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	8557	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL	D Employer Identification Number (EIN) 95-6042867

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14513485	11143714
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	179785	237304
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)	21621978	24101375
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	50000	50000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36365248	35532393
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	120006	224652
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28653806	26763294
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28773812	26987946
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7591436	8544447

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)	91686624	
(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)		91686624
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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1378513	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1378513
(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)		20317
c Other income	2c		189193
d Total income. Add all income amounts in column (b) and enter total	2d		93274647

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	90373418	
(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)		90373418
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)	1175053	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22092	
(5) Investment advisory and investment management fees	2i(5)	2949	
(6) Bank or trust company trustee/custodial fees	2i(6)	29516	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	33758	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	23480	
(11) Other expenses	2i(11)	661370	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1948218
j Total expenses. Add all expense amounts in column (b) and enter total	2j		92321636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		953011
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**CALIFORNIA FIELD IRON WORKER
VACATION/PERSONAL TIME OFF (PTO) PLAN
Financial Statements
May 31, 2025 and 2024
With Independent Auditor's Reports**

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
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May 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
California Field Iron Worker Vacation/Personal Time Off (PTO) Plan:

Opinion

We have audited the financial statements of California Field Iron Worker Vacation/Personal Time Off (PTO) Plan, which comprise the statements of net assets available for benefits and benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of California Field Iron Worker Vacation/Personal Time Off (PTO) Plan as of May 31, 2025 and 2024, and the changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of California Field Iron Worker Vacation/Personal Time Off (PTO) 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 California Field Iron Worker Vacation/Personal Time Off (PTO) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of California Field Iron Worker Vacation/Personal Time Off (PTO) 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 California Field Iron Worker Vacation/Personal Time Off (PTO) 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.

WithumSmith+Brown, PC

February 18, 2026

**California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Statements of Net Assets Available for Benefits and Benefit Obligations
May 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Money market funds	\$ 24,101,375	\$ 20,076,998
Mutual funds	-	1,544,980
Total investments - at fair value	<u>24,101,375</u>	<u>21,621,978</u>
Receivables		
Employer contributions	11,143,714	14,513,485
Accrued interest and other	<u>123,406</u>	<u>131,946</u>
Total receivables	<u>11,267,120</u>	<u>14,645,431</u>
Other assets		
Investment in Ironworker Employees' Benefit Corporation ("IEBC")	50,000	50,000
Advance to IEBC - equipment and software	<u>113,898</u>	<u>47,839</u>
Total other assets	<u>163,898</u>	<u>97,839</u>
Total assets	<u>35,532,393</u>	<u>36,365,248</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	57,214	63,453
Due to IEBC	<u>167,438</u>	<u>56,553</u>
Total liabilities	<u>224,652</u>	<u>120,006</u>
Net assets available for benefits	<u>35,307,741</u>	<u>36,245,242</u>
Benefit obligations		
Unclaimed benefits	881,733	1,020,962
Vacation benefits payable	<u>25,881,561</u>	<u>27,632,844</u>
Total benefit obligations	<u>26,763,294</u>	<u>28,653,806</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 8,544,447</u>	<u>\$ 7,591,436</u>

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

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Statements of Changes in Net Assets Available for Benefits and Benefit Obligations
Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 20,317	\$ (3,163)
Interest and dividends	<u>1,378,513</u>	<u>1,590,589</u>
Investment income - net	1,398,830	1,587,426
Employer contributions		
Member accounts	90,373,418	100,785,933
Administrative fee charges	1,313,206	1,502,896
Expense reimbursements and miscellaneous	148,318	224,916
Other administrative fee income	<u>40,875</u>	<u>41,760</u>
Total additions	<u>93,274,647</u>	<u>104,142,931</u>
Deductions		
Vacation benefits	92,263,930	103,654,268
Operating and administrative expenses	<u>1,948,218</u>	<u>1,766,324</u>
Total deductions	<u>94,212,148</u>	<u>105,420,592</u>
Net change in net assets available for benefits	<u>(937,501)</u>	<u>(1,277,661)</u>
Increase (decrease) in benefit obligations		
Benefits earned	90,373,418	100,785,933
Payments of benefits	<u>(92,263,930)</u>	<u>(103,654,268)</u>
Increase (decrease) in benefit obligations	<u>(1,890,512)</u>	<u>(2,868,335)</u>
Change in net assets available for benefits over benefit obligations	953,011	1,590,674
Net assets available for benefits over benefit obligations		
Beginning of year	<u>7,591,436</u>	<u>6,000,762</u>
End of year	<u>\$ 8,544,447</u>	<u>\$ 7,591,436</u>

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

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan

Notes to Financial Statements

May 31, 2025 and 2024

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of California Field Iron Worker Vacation/Personal Time Off (PTO) Plan (the "Plan") are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Employer Contributions Receivable

Employer contributions due and not received prior to year-end are recorded as employer contributions receivable. Employer contributions due that are delinquent and contributions due as a result of employer payroll audits are recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Investment in Ironworker Employees' Benefit Corporation ("IEBC")

The Plan and other related ironworker trust funds (see Note 7) established IEBC to provide the trusts with administrative services. The investment is valued at the book value of the Plan's interest in IEBC.

Investment Valuation, Transactions and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations or some other pricing method using unobservable inputs.

Inputs and Valuation Methods

In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Money Market Funds: Money market funds are valued at cost, which approximates fair value (Level 2).

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan

Notes to Financial Statements

May 31, 2025 and 2024

Mutual Funds: The fair value of mutual funds is generally based on quoted market prices in active markets (Level 1).

Valuation Methods, Consistency

The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition

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

Benefit Obligations - Unclaimed Benefits

Unclaimed benefits at year-end are generally composed of benefit payments due to members but not yet paid due to invalid participant data on file.

Benefit Obligations - Vacation Benefits Payable

Vacation benefits payable represents amounts due for hours worked through May 31 of each year and not yet paid.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. The significant estimates affecting the financial statements are the benefit obligations and changes in benefit obligations. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan invests in money market funds and mutual funds. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and benefit obligations and the statements of changes in net assets available for benefits and benefit obligations.

2. DESCRIPTION OF THE PLAN

General

The Plan was established on January 18, 1962, for the benefit of the participants, and the purpose of the Plan is to provide paid vacations from work, thereby allowing the participant to return to work refreshed and reinvigorated and securing to the individual employer the performance of better and more efficient work. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended.

Vacation Benefits

The Plan credits employer contributions received to a vacation account for each participant based on reported hours. Participants are immediately fully vested in their individual account balances. Participants can elect to have their union dues withheld from vacation benefits. The supplemental dues are remitted by the Plan to the union. Distributions of these vacation benefits are made on a quarterly basis on or about February 1, May 1, August 1 and November 1.

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Notes to Financial Statements
May 31, 2025 and 2024

Accumulated Earnings

Accumulated earnings are used to pay the administrative costs of the Plan. Net assets available for benefits include accumulated earnings of \$8,544,447 and \$7,591,436 as of May 31, 2025 and 2024, respectively, which will be used to pay the future administrative costs of the Plan.

Participants should refer to the Summary Plan Description for more specific information.

3. PRIORITIES UPON TERMINATION

It is the intent of the trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the trustees. In the event of termination, the trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

4. TAX STATUS

The Plan obtained its latest determination letter, dated October 18, 1979, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of May 31, 2025 and 2024, 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 the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

Employer contributions are made to the Plan on behalf of the trust participants, as specified in the effective collective bargaining agreements. These contributions are invested and earn interest during the period they are held by the Plan. The excess of investment income over the Plan's administrative expenses is distributed to participants on a pro rata basis at the discretion of the Board of Trustees. For the years ended May 31, 2025 and 2024, the amount distributed to participants was reduced by an administrative fee of \$.08 per hour worked.

6. UNCLAIMED VACATION BENEFITS

Per Article VIII, Section I of the Plan Rules & Regulations, the amount credited to a participant's vacation account does not accumulate from one vacation benefit to another.

If a participant does not withdraw vacation benefits within a three-year period for any reason, or if no application for death benefits is made during the period provided, it is presumed that the participant entitled to the payment has elected to contribute such amount to the Plan and has released to the trustees and the Plan all rights, title and interest in and to such benefits.

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Notes to Financial Statements
May 31, 2025 and 2024

7. RELATED ORGANIZATIONS

Administrative services for the trust are provided by IEBC, a not-for-profit corporation, which provides administrative services to a group of member trust funds collectively known as the California Field Ironworkers Trust Funds (the "Ironworkers Trust Funds"). The trust enters into various transactions with the related Ironworkers Trust Funds in the normal course of operations. IEBC initially pays operating and administrative expenses related to the Ironworkers Trust Funds. Specific identifiable expenses are charged to the respective trust fund, and common administrative expenses are allocated to each trust on a percentage basis. Amounts reimbursed to IEBC for these expenses for the years ended May 31, 2025 and 2024, totaled approximately \$1,948,000 and \$1,766,000, respectively.

8. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at May 31, 2025 and 2024, are as follows:

<u>Description</u>	<u>May 31, 2025</u>	<u>Fair Value Measurements at at Reporting Date Using:</u>	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Money market funds	\$ 24,101,375	\$ -	\$ 24,101,375
Total investments at fair value	<u>\$ 24,101,375</u>	<u>\$ -</u>	<u>\$ 24,101,375</u>

<u>Description</u>	<u>May 31, 2024</u>	<u>Fair Value Measurements at at Reporting Date Using:</u>	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Money market funds	\$ 20,076,998	\$ -	\$ 20,076,998
Mutual funds	<u>1,544,980</u>	<u>1,544,980</u>	<u>-</u>
Total investments at fair value	<u>\$ 21,621,978</u>	<u>\$ 1,544,980</u>	<u>\$ 20,076,998</u>

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Notes to Financial Statements
May 31, 2025 and 2024

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of May 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 35,307,741	\$ 36,245,242
Benefit obligations currently payable	<u>(26,763,294)</u>	<u>(28,653,806)</u>
Net assets available for benefits per the Form 5500	<u>\$ 8,544,447</u>	<u>\$ 7,591,436</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended May 31, 2025:

Benefits paid to or for participants per the financial statements	\$ 92,263,930
Add: Amounts currently payable at end of year	26,763,294
Less: Amounts currently payable at beginning of year	<u>(28,653,806)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 90,373,418</u>

10. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after May 31, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through February 18, 2026, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
California Field Iron Worker Vacation/Personal Time Off (PTO) Plan:

We have audited the financial statements of California Field Iron Worker Vacation/Personal Time Off (PTO) Plan as of and for the years ended May 31, 2025 and 2024, and have issued our report thereon dated February 18, 2026, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying information, which appears on page 11, and the supplemental schedules, Schedule H, Part IV, Line 4i – Schedule of Assets Held (Held at End of Year) and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The Schedule H Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

February 18, 2026

**California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Schedules of Operating and Administrative Expenses
Years Ended May 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Audit fees	\$ 22,092	\$ 19,212
Auto leases and expense	3,156	3,124
Bank custodian fees	2,201	2,677
Commercial banking fees	27,315	26,187
Computer consulting services	37,798	39,360
Consulting fees	2,949	2,857
Data processing expenses	8,130	2,170
Depreciation and amortization	24,757	26,601
Employee benefits	273,031	196,660
Equipment leases and maintenance	115,860	98,148
Field auditors' and fieldmen's travel and meeting expenses	1,112	1,102
Insurance - general	27,389	30,962
Insurance - workers' compensation	9,730	16,585
Legal fees and expenses	33,758	31,432
Office supplies, computer and miscellaneous	9,071	21,894
Outside services	25,351	52,675
Postage and mailing	89,403	74,866
Rent and common area expense	255,339	158,584
Salaries and wages	835,328	829,203
Storage, records and files	22,131	10,081
Taxes - payroll	66,694	66,366
Taxes and licenses	1,447	2,584
Telephone	24,550	14,571
Training	2,507	1,518
Travel and meeting expenses	3,639	4,505
Trustees' expenses, meetings and transportation	<u>23,480</u>	<u>32,400</u>
 Total operating and administrative expenses	 <u>\$ 1,948,218</u>	 <u>\$ 1,766,324</u>

See Independent Auditor's Report on Supplementary Information.

California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN #95-6042867, Plan #501
May 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Dreyfus	Dreyfus Institutional Preferred Government MM	\$ 24,101,375	\$ 24,101,375
	IEBC	Investment in Ironworker Employees' Benefit Corp.	<u>50,000</u>	<u>50,000</u>
			<u>\$ 24,151,375</u>	<u>\$ 24,151,375</u>

See Independent Auditor's Report on Supplementary Information.

**California Field Iron Worker Vacation/Personal Time Off (PTO) Plan
 Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
 EIN #95-6042867, Plan #501
 Year Ended May 31, 2025**

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(l) Net Gain or (Loss)</u>
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See attached.

See Independent Auditor's Report on Supplementary Information.



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

VACATION ADMIN - CT5F55035902

06/01/2024 - 05/31/2025

CA FIELD IRONWORKERS

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :			1,085,432.21					
693390791	PIMCO LOW DURATION II-INST	S	173,572.523	0.00	0.00	1,607,281.56	1,676,963.23	(69,681.67)
996211892	DREYFUS INS RSRV PR MONEY 6546	B	3,601,188.980	0.00	3,601,188.98	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,192,268.110	0.00	1,192,268.11	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,151,692.510	0.00	1,151,692.51	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,480,367.590	0.00	1,480,367.59	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,432,364.100	0.00	2,432,364.10	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	11,013,906.560	0.00	0.00	11,013,906.56	11,013,906.56	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,862,964.010	0.00	1,862,964.01	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,406,622.950	0.00	0.00	2,406,622.95	2,406,622.95	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,085,697.850	0.00	0.00	2,085,697.85	2,085,697.85	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,409,433.580	0.00	2,409,433.58	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,330,612.290	0.00	1,330,612.29	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	3,718,841.560	0.00	3,718,841.56	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,262,579.360	0.00	1,262,579.36	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	10,504,069.390	0.00	0.00	10,504,069.39	10,504,069.39	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	1,363,334.870	0.00	0.00	1,363,334.87	1,363,334.87	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,417,064.610	0.00	0.00	2,417,064.61	2,417,064.61	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,511,214.290	0.00	2,511,214.29	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,713,613.910	0.00	1,713,613.91	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,904,983.210	0.00	2,904,983.21	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,905,312.680	0.00	2,905,312.68	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,104,935.140	0.00	1,104,935.14	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	9,759,748.370	0.00	0.00	9,759,748.37	9,759,748.37	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,344,770.160	0.00	0.00	2,344,770.16	2,344,770.16	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,176,811.250	0.00	0.00	2,176,811.25	2,176,811.25	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	1,391,168.400	0.00	0.00	1,391,168.40	1,391,168.40	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,586,187.200	0.00	1,586,187.20	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	2,343,466.410	0.00	2,343,466.41	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,277,701.110	0.00	1,277,701.11	0.00	0.00	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	8,124,415.530	0.00	0.00	8,124,415.53	8,124,415.53	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	3,230,691.840	0.00	0.00	3,230,691.84	3,230,691.84	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	S	2,407,091.970	0.00	0.00	2,407,091.97	2,407,091.97	0.00
996211892	DREYFUS INS RSRV PR MONEY 6546	B	1,108,212.950	0.00	1,108,212.95	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

VACATION ADMIN - CT5F55035902

06/01/2024 - 05/31/2025

CA FIELD IRONWORKERS

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		1,085,432.21					
1	693390791	PIMCO LOW DURATION II-INST	173,572.520	0.00	1,607,281.56	1,676,963.23	(69,681.67)
9	693390791	PIMCO LOW DURATION II-INST	4,537.600	41,984.63	0.00	0.00	0.00
135	996211892	DREYFUS INS RSRV PR MONEY 6546	82,877,691.310	82,877,691.31	0.00	0.00	0.00
112	996211892	DREYFUS INS RSRV PR MONEY 6546	78,853,314.550	0.00	78,853,314.55	78,853,314.55	0.00

CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN

EIN 95-6042867

Plan No. 501

Plan Year Ended May 31, 2025

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

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

CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN

EIN 95-6042867

Plan No. 501

Plan Year Ended May 31, 2025

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

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

CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN

EIN 95-6042867

Plan No. 501

Plan Year Ended May 31, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
		<input type="checkbox"/> special extension (enter description)		
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

Part II Basic Plan Information—enter all requested information			
1a	Name of plan CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL TIME OFF (PTO) PLAN	1b	Three-digit plan number (PN) ▶ 501
		1c	Effective date of plan 01/18/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, CALIFORNIA FIELD IRON WORKER VACATION/PERSONAL 131 N. EL MOLINO AVENUE, SUITE 330 PASADENA CA 91101	2b	Employer Identification Number (EIN) 95-6042867
		2c	Plan Sponsor's telephone number (626) 792-7337
		2d	Business code (see instructions) 238900

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

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

SIGN HERE	<i>Jason Gallia</i>	2/27/2026 2:10 PM PST	JASON GALLIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Dennis Andersen</i>	2/27/2026 1:55 PM PST	DENNIS ANDERSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	9,827
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)	9,827
	6a(2)	8,518
	6b	0
	6c	0
	6d	8,518
	6e	
	6f	
	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	579

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

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

4Q

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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____
