

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: PENSION PLAN FOR EES OF IRON WORKERS DC SO OH & VICINITY BENEFIT TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): IRON WORKERS DC SO OH AND VICINITY BENEFIT TRUST
2b Employer Identification Number (EIN): 31-0557391
2c Sponsor's telephone number: 937-454-1744
2d Business code (see instructions): 237990
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 41
5b Total number of participants at the end of the plan year: 39
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 8
5d(2) Total number of active participants at the end of the plan year: 7
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/13/2026, PENNY BROWN. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 569174. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4472580	4848589
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4472580	4848589
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	205618	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	453134	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		658752
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	280591	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	2152	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		282743
i Net income (loss) (subtract line 8h from line 8c)	8i		376009
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A 1C</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (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>	Single-Employer Defined Benefit 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 07/01/2024 and ending 06/30/2025

▶ **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>PENSION PLAN FOR EES OF IRON WORKERS DC SO OH & VICINITY BENEFIT TRUST</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>IRON WORKERS DC SO OH AND VICINITY BENEFIT TRUST</u>	D Employer Identification Number (EIN) <u>31-0557391</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>4470423</u>
	b Actuarial value	2b	<u>4291486</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>17</u>	<u>2571182</u>
	b For terminated vested participants	<u>16</u>	<u>754597</u>
	c For active participants	<u>8</u>	<u>1660225</u>
	d Total	<u>41</u>	<u>4986004</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.39 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>122792</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>122792</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		
	Signature of actuary	<u>02/26/2026</u> Date
	<u>MATTHEW KLEIN</u> Type or print name of actuary	<u>23-06865</u> Most recent enrollment number
	<u>ACRISURE</u> Firm name	<u>412-394-9985</u> Telephone number (including area code)
	<u>FOUR GATEWAY CENTER 444 LIBERTY AVE, SUITE 605 PITTSBURG, 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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.92</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		322
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		17
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		339
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.29 %
15	Adjusted funding target attainment percentage	15	85.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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		
10/09/2024	42463	0					
01/09/2025	42463	0					
04/11/2025	42463	0					
07/03/2025	42463	0					
02/17/2026	35766	0					
			Totals ▶	18(b)	205618	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 197034
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	122792
b Excess assets, if applicable, but not greater than line 31a			31b	0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	740060		73956	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	196748
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	196748
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	197034
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	286
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Pension Plan for EEs of Iron Workers DC So OH Vicinity Benefit Trust

EIN/PN: 31-0557391/001

Attachment to the 2024 Form 5500

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	1	0	0	0	0	0	0	0	2
35 to 39	0	0	0	1	0	0	0	0	0	0	1
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	0	0	0	0	0	0	1
50 to 54	0	0	0	1	0	0	0	0	0	0	1
55 to 59	0	0	1	0	0	0	0	0	0	0	1
60 to 64	0	0	0	0	0	1	0	0	0	0	1
65 to 69	0	0	0	0	0	0	1	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	3	2	0	1	1	0	0	0	8

Actuarial Methods and Assumptions

As of July 1, 2024

Mortality:

- For minimum and maximum funding: IRS 2024 (MP 2021) Fully Dynamic Generational Mortality Table without pre-commencement mortality (In the prior valuation: IRS 2023 (MP 2021) Combined Static Mortality Table without pre-commencement mortality).
- For present value of accumulated benefits (plan accounting): IRS 2024 (MP 2021) Fully Dynamic Generational Mortality Table (In the prior valuation: IRS 2023 (MP 2021) Combined Static Mortality Table).

IRS Prescribed Rates

Minimum/Maximum Funding:	Current Year		Prior Year	
	Minimum	Maximum	Minimum	Maximum
First Segment Rate	4.99%	4.99%	4.75%	3.22%
Second Segment Rate	5.29%	5.29%	5.00%	4.22%
Third Segment Rate	5.59%	5.29%	5.74%	4.34%
Lookback Month	July		July	

Present Value of Accrued Benefits (ASC 960) 6.00%

6.00%

Marital Status: 100% Married, female spouse 0 years younger than male.

Expenses: \$0 (assumed to be paid outside the trust)

Actuarial Cost Method: Unit Credit. A method under which the benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the target normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called the target liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Target Liability.

Asset Valuation Method: 24-month smoothed value described in IRS Notice 2009-22 and IRS Revenue Procedure 2017-56.

Data: The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.

Salary Increase: 6.00%

Payment Form: Life annuity with 60 payments guaranteed

Actuarial Methods and Assumptions (continued)

Separation from Service

- No disability or withdrawal assumption
- Retirement is assumed to occur at age 62 or the earliest unreduced retirement date

Benefits Not Valued: Unpredictable contingent events such as those triggered by layoffs or permanent shutdown are assumed to have zero probability of occurrence.

Prescribed Assumption or Method Set by Law or Legally Binding Authority:

Note that all references to the Pension Protection Act of 2006 (PPA) include subsequent amendments to that Act, and associated regulations.

- Mortality for Healthy and Disabled Lives – Minimum/Maximum Funding *
- Mortality Improvements – Minimum/Maximum Funding *
- Interest Rate – Minimum Funding (including lookback month) *
- Interest Rate – Maximum Funding (including lookback month) *
- Expenses (explicit assumption required by PPA)
- Asset Valuation Method *
- Funding Method (required by PPA)

*Default under the Pension Protection Act (PPA) of 2006 unless the plan sponsor made a written election of a permitted alternative.

Prescribed Assumption or Method Set by Another Party:

- Mortality and Mortality Improvements – ASC 960 (selected by the plan sponsor)
- Interest Rate – ASC 960 (selected by the plan sponsor)

Actuarial Methods and Assumptions (continued)

Models Used:

Actuarial Standard of Practice (ASOP) No. 56, Modeling, requires commentary by the actuary on the use of any model that has a significant impact on our work, including the intended purpose of the model, material limitations or known weaknesses of the model, and the extent of reliance on models developed by others. This standard is effective for work performed on or after October 1, 2020.

Acrisure uses a third-party actuarial software package for pension valuation work.

This software package is used worldwide by many actuarial and investment firms. The software models future benefit cash flows, present values, and attribution to various periods, based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The model is highly flexible and also supports comparisons between periods, maintenance of plan specific participant databases, and preparation of reports under various accounting and regulatory structures.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for the underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results, as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

In order to determine or assess reasonableness of the return assumption for the plan target portfolio, Acrisure has used the model and method described under Actuarial Standard of Practice No. 27. This type of model determines an expected investment return assumption based on externally provided investment class arithmetic returns, variances and correlations.

In using the model, we have relied on investment manager or investment manager survey return, variance, and correlation assumptions. The nominal value of these assumptions generally determines the output of the model.

In certain instances, investment manager or survey information may not align perfectly by class. To the extent necessary, we have made a reasonable effort to allocate segments of the target portfolio as closely as possible within the available investment manager or survey classes provided.

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Part II Basic Plan Information—enter all requested information

1a Name of plan: Pension Plan for EEs of Iron Workers DC SO OH & Vicinity Benefit Trust
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2c Sponsor's telephone number: 937-454-1744
2d Business code (see instructions): 237990
3a Plan administrator's name and address: [X] 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.
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5d(1) Total number of active participants at the beginning of the plan year: 8
5d(2) Total number of active participants at the end of the plan year: 7
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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: Penny M. Brown, 03/13/2026, Penny Brown
Signature of plan administrator
Date
Enter name of individual signing as plan administrator
SIGN HERE:
Signature of employer/plan sponsor
Date
Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (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>	Single-Employer Defined Benefit 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 07/01/2024 and ending 06/30/2025


▶ **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 PENSION PLAN FOR EES OF IRON WORKERS DC SO OH & VICINITY BENEFIT TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IRON WORKERS DC SO OH AND VICINITY BENEFIT TRUST	D Employer Identification Number (EIN) 31-0557391	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	4,470,423
	b Actuarial value	2b	4,291,486
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	17	2,571,182
	b For terminated vested participants	16	754,597
	c For active participants	8	1,660,225
	d Total	41	4,986,004
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.39%
6	Target normal cost		
	a Present value of current plan year accruals	6a	122,792
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	122,792

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>02/26/2026</u> Date
	MATTHEW KLEIN Type or print name of actuary	<u>2306865</u> Most recent enrollment number
	ACRISURE Firm name	<u>412-394-9985</u> Telephone number (including area code)
	Four Gateway Center 444 Liberty Ave, Suite 605 Pittsburgh PA 15222 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	122,792	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	740,060	73,956	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	196,748	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	196,748	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	197,034	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	286	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Pension Plan for EEs of Iron Workers DC So OH Vicinity Benefit Trust

EIN/PN: 31-0557391/001

Attachment to the 2024 Form 5500

Schedule SB, Line 19 - Discounted Employer Contributions

Date of Contribution	Amount	Interest Rate	Year Applied	Days Late (Qtrly)	Interest Adjusted Contribution
10/9/2024	42,463	5.39%	2024	0	41,857
1/9/2025	42,463	5.39%	2024	0	41,306
4/11/2025	42,463	5.39%	2024	0	40,763
7/3/2025	42,463	5.39%	2024	0	40,280
2/17/2026	35,766	5.39%	2024	0	32,828
Total	205,618				197,034

Pension Plan for EEs of Iron Workers DC So OH & Vicinity Benefit Trust
 EIN/PN: 31-0557391/001
 Attachment to the 2024 Form 5500
 Schedule SB, Line 22: Description of Weighted Average Retirement Age

The weighted average retirement age is the total for column E (below) divided by the total for column D (below), rounded to the nearest integral age. It should be noted that while only integral values are shown in this table, the full contents of each cell, including decimal portions, is used in the calculations.

A	B	C	D	E
Age	Retirement Assumption	Expected lives at age x	# Retired	# Retired x Age
55	20.00%	5.000	1.000	55.000
56	0.00%	5.000	-	-
57	0.00%	5.000	-	-
58	0.00%	5.000	-	-
59	20.00%	5.000	1.000	59.000
60	25.00%	4.000	1.000	60.000
61	0.00%	3.000	-	-
62	100.00%	3.000	3.000	186.000
63	100.00%	-	-	-
64	100.00%	-	-	-
65	100.00%	1.000	1.000	65.000
66	100.00%	1.000	1.000	66.000
Totals			8.000	491.000

Item 22: Weighted Average Retirement Age = 61.4

Plan Provisions

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

Effective Date

- August 1, 1968, as last amended effective February 1, 2018.

Plan Eligibility

- Age 18 and 1,000 hours of service during a 12-month period after the date of hire of the employee.

Average Monthly Compensation

- Average monthly compensation is equal to the monthly average for the 5 consecutive years of highest compensation out of the last 10 years.

Service

- Vesting: 1 year of vesting service is given for each plan year the Participant works 1,000 hours
- Benefit service: Time elapsed since date of hire, in years and months

Normal Retirement

- Normal retirement occurs at age 65 with 5 years of participation.
- The normal retirement benefit is equal to:
 - a. $2\frac{1}{3}\%$ of average monthly compensation times years of service.

Unreduced Early Retirement

- Unreduced early retirement is permitted after age 62 and 5 years of vesting service, or age 55 and 30 years of service.
- The unreduced early retirement benefit is the normal retirement benefit.

Reduced Early Retirement

- Reduced early retirement is permitted after age 55 and 15 years of service.
- The Reduced early retirement benefit is the normal retirement benefit, reduced by 6% for each year of age less than 62.

Disability Retirement

- Disability Retirement is available after 5 years of service.
- The disability benefit is payable six months after the disability and is equal to the accrued normal retirement benefit. The benefit is unreduced.

Plan Provisions (continued)

Termination Benefits

- The Deferred Vested Pension – The benefit is equal to the normal retirement benefit and is payable at age 62. It is available after 5 years of vesting service.

Death Benefits

- Preretirement death benefit – Participants become eligible after 5 years of vesting service.
 - If married, the benefit is equal to 100% of the normal retirement benefit for 60 payments, dropping to 50% of the normal retirement benefit thereafter, had the participant retired, elected the 50% joint and survivor annuity, and died. Spouses may elect to receive the benefit as a lump sum.
 - If unmarried, the benefit is equal to the normal retirement benefit payable to the designated beneficiary on the earliest retirement age and payable for 60 payments.
- Postretirement death benefit – Participants become eligible under normal, early, or disabled retirement
 - \$7,000 lump sum paid at pensioner's death

Payment of Benefits

- The benefit is payable for the lifetime of the retired participant. The married participant is deemed to have elected a 50% joint and survivor option. This benefit is the actuarial equivalent of the normal retirement benefit. Optional forms of payment are as follows, with conversion formulas:
 - 50% Joint and Survivor (J&S): $89\% + 0.4\% * (\text{Beneficiary's age} - \text{Participant's age})$
 - 50% J&S for disabled retiree: $79\% + 0.4\% * (\text{Beneficiary's age} - \text{Participant's age})$
 - 75% J&S: $85\% + 0.5\% * (\text{Beneficiary's age} - \text{Participant's age})$
 - 100% J&S: $80\% + 0.6\% * (\text{Beneficiary's age} - \text{Participant's age})$
 - All optional payment forms cannot have a monthly benefit of more than 99% of the normal form
- All benefits have 60 payments guaranteed

Pension Plan for EEs of Iron Workers DC So OH Vicinity Benefit Trust

EIN/PN: 31-0557391/001

Attachment to the 2024 Form 5500

Schedule SB, Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases as of July 1, 2024

Type of Base	Present Value of Remaining Installments	Valuation Date Base was Established	Years Remaining in Amortization Period	7/1/2024 Installment Amount
Shortfall	133,016	7/1/2024	15	12,383
Shortfall	276,766	7/1/2023	14	26,985
Shortfall	214,606	7/1/2022	13	22,023
Shortfall	<u>115,672</u>	7/1/2021	12	<u>12,565</u>
Total	740,060			73,956