

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 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST
2b Employer Identification Number (EIN): 94-0012049
2c Plan Sponsor's telephone number: 626-792-7337
2d Business code (see instructions): 332900

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2005
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	272
	<b>6a(2)</b>	254
	<b>6b</b>	787
	<b>6c</b>	930
	<b>6d</b>	1971
	<b>6e</b>	140
	<b>6f</b>	2111
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	20

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

---

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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.

<b>A</b> Name of plan <u>IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>94-0012049</u>

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

**1a** Enter the valuation date: Month 07 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>73700766</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>73882239</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>82747614</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>81653709</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>117007763</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>333549</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>7444702</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>7971732</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.

<b>SIGN HERE</b>   <u>JOSHUA ALLMEN</u> Type or print name of actuary  <u>RAEL &amp; LETSON</u> Firm name  <u>160 BOVET ROAD SUITE 203</u> <u>SAN MATEO, CA 94402</u> Address of the firm	<u>03/10/2026</u> Date  <u>23-08042</u> Most recent enrollment number  <u>650-341-3311</u> Telephone number (including area code)
--	--

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	73700766
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	908	75204199
<b>(2)</b> For terminated vested participants .....	709	32243830
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		29858
<b>(b)</b> Vested benefits .....		9529876
<b>(c)</b> Total active .....	265	9559734
<b>(4)</b> Total .....	1882	117007763
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	62.99 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/01/2025	2140141					
			<b>Totals ▶</b>	<b>3(b)</b>	2140141	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>	534120

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	90.5 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input checked="" type="checkbox"/> Entry age normal	<b>c</b> <input type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.69 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	A A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.50 % 6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.1 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	412031
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1883672	-188107
4	325022	32457

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	492886

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
<b>9c(1)</b>	38197580	6467293
<b>9c(2)</b>		
<b>9c(3)</b>		

**d** Interest as applicable on lines 9a, 9b, and 9c.....

<b>9d</b>	452412
<b>9e</b>	7412591

**e** Total charges. Add lines 9a through 9d.....  
**Credits to funding standard account:**

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

<b>9f</b>	16227290
<b>9g</b>	2140141

**h** Amortization credits as of valuation date.....

	Outstanding balance	
<b>9h</b>	13104915	2894634

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

<b>9i</b>	1312480
-----------	---------

**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit .....

<b>9j(1)</b>	27441881	
<b>9j(2)</b>	32136748	
<b>9j(3)</b>		

- k (1)** Waived funding deficiency .....
- (2)** Other credits .....

<b>9k(1)</b>	
<b>9k(2)</b>	

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	22574545
-----------	----------

**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	15161954
-----------	----------

**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
-----------	--

**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
  - (a) Reconciliation outstanding balance as of valuation date .....
  - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

<b>9o(1)</b>	
<b>9o(2)(a)</b>	
<b>9o(2)(b)</b>	
<b>9o(3)</b>	

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	
-----------	--

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan <b>IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-0012049</b>	

**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

<b>WELLINGTON TRUST COMPANY, NA</b>	<b>280 CONGRESS STREET BOSTON, MA 02210</b>
<b>04-2755549</b>	

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

<b>GROSVENOR OPPORTUNISTIC MULT-CREDIT</b>	<b>900 N MICHIGAN AVENUE STE 1100 CHICAGO, IL 60611</b>
<b>98-1473936</b>	

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

<b>AFL-CIO HOUSING INVESTMENT TRUST</b>	<b>1227 25TH STREET NW SUITE 500 WASHINGTON, DC 20037</b>
<b>52-6220193</b>	

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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

131 N EL MOLINO AVENUE SUITE 330  
PASADENA, CA 91101

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	NONE	89000	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)

RAEL & LETSON

PO BOX 104019  
PASADENA, CA 91189

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	82546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALAN D BILLER & ASSOCIATES

535 MIDDLEFIELD ROAD 230  
MENLO PARK, CA 94025

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	76000	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)

WHITE OAK SUMMIT FUND LP

3 EMBARCADERO STR STE 500  
SAN FRANCISCO, CA 94111

38-3932668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24022	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)

U.S. BANK

PO BOX 70870  
ST PAUL, MN 55170

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	33877	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)

SALTZMAN & JOHNSON

7 W 41ST AVENUE SUITE 410  
SAN MATEO, CA 94403

94-2376174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	43119	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)

JP MORGAN CHASE NA

270 PARK AVE 31ST FLOOR  
NEW YORK, NY 10017

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17187	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)

IFM GLOBAL INFRASTRUCTURE

114 WEST 47TH STREET 26TH FLOOR  
NEW YORK, NY 10036

98-1032513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	98986	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)

BLACKROCK INC.

295 MADISON AVENUE  
NEW YORK, NY 10017

32-0174431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5513	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)

MCMENOMY & ASSOCIATES CPAS LLP

876 N MOUNTAIN AVENUE STE 105  
UPLAND, CA 91786

46-1559312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16000	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)

RREEF AMERICAN II REIT

222 SOUTH RIVERSIDE PLAZA  
34TH FLOOR  
CHICAGO, IL 60606

20-2922346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	31091	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)

U.S. BANK

PO BOX 70870  
ST PAUL, MN 55170

31-0841368

(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?
99	NONE	39183	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)

IRON MOUNTAIN

1101 ENTERPRISE DRIVE  
ROYERSFORD, PA 19468

23-2588479

(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?
99	NONE	12342	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"/>

(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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

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

<b>A</b> Name of plan <u>IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>94-0012049</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JP MORGAN HIGH YIELD FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>JP MORGAN CHASE BANK NA</u>		
<b>c</b> EIN-PN <u>20-4786224-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4525665</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WELLINGTON WTC CIF II</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>WELLINGTON TRUST COMPANY NA</u>		
<b>c</b> EIN-PN <u>04-2755549-052</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4291625</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BLACKROCK RUSSELL 1000 VALUE NL FUN</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY NA</u>		
<b>c</b> EIN-PN <u>27-0347973-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>22504165</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

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

<b>A</b> Name of plan <b>IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-0012049</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	923054	751028
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	143933	116878
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	947837	575442
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	598522	55091
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	6905154	7245185
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	30607080	31321455
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	21719349	24983562
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	13044389	12138188

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	74889318	77186829
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	57983	45551
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	223647	5318
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	281630	50869
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	74607688	77135960

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1550928	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	690	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1551618
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	39109	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	281302	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		320411
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	985009	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		985009
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	25500358	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	21132334	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		4368024
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	194691	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1439948
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1319271
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10178972

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6966611	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6966611
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	89000	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	16000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	252799	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	33877	
(7) Actuarial fees .....	<b>2i(7)</b>	82546	
(8) Legal fees .....	<b>2i(8)</b>	43119	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	166748	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		684089
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7650700

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2528272
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MCMENOMY & ASSOCIATES CPAS LLP**

(2) EIN: **46-1559312**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 565753.

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

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

<b>A</b> Name of plan <u>IRON WORKERS REGIONAL SHOP LOCAL UNION NO 855 PENSION TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>IRON WORKERS REGIONAL SHOP LOCAL UNION 855 PENSION TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>94-0012049</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	
---	--

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

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

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

3	0
---	---

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **ROMAK IRON WORKS**

**b** EIN **94-1333435**

**c** Dollar amount contributed by employer

**89907**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

**a** Name of contributing employer **STOCKTON STEEL**

**b** EIN **94-1488039**

**c** Dollar amount contributed by employer

**712769**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

**a** Name of contributing employer **THE CONCO COMPANIES**

**b** EIN **94-1527989**

**c** Dollar amount contributed by employer

**172695**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

**a** Name of contributing employer **LEES IMPERIAL WELDING INC.**

**b** EIN **94-2240559**

**c** Dollar amount contributed by employer

**183648**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

**a** Name of contributing employer **CONCORD IRON WORKS INC.**

**b** EIN **94-2537273**

**c** Dollar amount contributed by employer

**149606**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

**a** Name of contributing employer **C E TOLAND AND SON**

**b** EIN **94-1307101**

**c** Dollar amount contributed by employer

**162989**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.57**

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

<b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14a</b>	2
	<b>14b</b>	2
	<b>14c</b>	2
<b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... <b>b</b> The corresponding number for the second preceding plan year .....	<b>15a</b>	0.99
	<b>15b</b>	0.99
	<b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year: <b>a</b> Enter the number of employers who withdrew during the preceding plan year ..... <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	
	<b>16a</b>	1
	<b>16b</b>	317709
<b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>		

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

<b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>		
<b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b): <b>a</b> Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: <u>29.1</u> % High-Yield Debt: <u>41.0</u> % Real Assets: <u>9.3</u> % Cash or Cash Equivalents: <u>1.9</u> % Other: <u>18.7</u> % <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input checked="" type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more		
<b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: <input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> No. Other. Provide explanation: _____		

**Part VII IRS Compliance Questions**

<b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21b</b> 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). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A		
<b>22</b> 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 _____.		







**McMENOMY & ASSOCIATES CPAs, LLP**

Members of American Institute of Certified Public Accountants  
California Society of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Iron Workers Regional Shop Local 855  
Pension Trust  
Pasadena, California

**Opinion**

We have audited the financial statements of Iron Workers Regional Shop Local 855 Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA) which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits 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 Iron Workers Regional Shop local Union 855 Pension Trust as of June 30, 2025 and 2024, and the changes in its net assets available for benefits 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. 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 Iron Workers regional Iron Workers Regional Shop local Union 855 Pension Trust 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 opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statement 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 Iron Workers Regional Shop local Union 855 Pension Trust 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 the one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 Iron Workers Regional Shop local Union 855 Pension Trust 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Shop Ironworkers Local 855 Pension Plan 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.

### **Supplementary Information Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, assets held at end of year and transactions or series of transactions in excess of 5% of the fair value of Plan assets as of June 30, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the

responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

*Mc Menomy + Associates, CPAs, LLP*

Certified Public Accountants

Upland, California  
October 31, 2025

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

(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
	Money Market Fund-			
	First American Government Obligation Fund CI Z	Money Market Fund - at variable rates	\$ 55,091	\$ 55,091
	Total Part I; Line c (1)		<u>55,091</u>	<u>55,091</u>
	Partnerships/Joint Ventures-			
	IFM Global Infrastructure Fund LP	4,966,964.370 shares	4,986,964	4,986,964
	White Oak Summit Fund LP	2,249,062.160 shares	2,205,202	2,258,221
	Total Part I; Linc c (5)		<u>7,192,166</u>	<u>7,245,185</u>
	Collective Investment Funds-			
	JP Morgan High Yield Fund	144,867.853 shares	2,771,407	4,525,665
	Blackrock Russell 1000 Index NL Fund	220,108.669 shares	7,013,013	22,504,165
	Wellington WTC CIF II	197,770.714 shares	2,019,741	4,291,625
	Total Part I; Linc c (9)		<u>11,804,161</u>	<u>31,321,455</u>
	Registered Investment Companies-			
	American Euro Pacific Growth Fund FDCL R6	113,294.262 shares	6,174,493	6,879,228
	Vanguard Total International Stock Index Fund	45,604.321 shares	4,989,520	6,766,313
	Pimco Total Return Funds Inst	567,879.247 shares	5,450,310	4,929,192
	Pimco Income Fund Ins	595,062.817 shares	6,688,079	6,408,827
	Vanguard Short-term Bond Index Fund I	.23 shares	2	2
	Total Part I; Line c (13)		<u>23,302,404</u>	<u>24,983,562</u>
	Other Investments-			
	Grosvenor Opportunity Mult Credit Fund C	3,249,784.00 shares	2,484,028	3,262,923
	RREEF American II Reit	36,179.109 shares	3,836,787	4,563,661
	AFL-CIO Housing Investment Trust	4,416.649 shares	4,877,982	4,311,604
	Total Part I; lince c (15)		<u>11,198,797</u>	<u>12,138,188</u>
	Total assets held at year end		<u>\$ 53,552,619</u>	<u>\$ 75,743,481</u>

SCHEDULE H, LINE4j - SCHEDULE OF REPORTABLE TRANSACTIONS

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF  
5% OF THE CURRENT VALUE OF PLAN ASSETS

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
U.S. Bank	Fidelity American Government Obligation Fund C1 Z Account #6746022902 32 purchases 8 sales	\$ 6,613,285 -	- \$ 6,762,098	- -	- -	\$ 6,613,285 6,762,098	\$ 6,613,285 6,762,098	\$ - -
U.S. Bank	Fidelity American Government Obligation Fund C1 Z Account #6746022907 73 purchases 51 sales	8,867,870 -	- 9,262,488	- -	- -	8,867,870 9,262,488	8,867,870 9,262,488	- -
U.S. Bank	Blackrock Russell 1000 Index Fund 5 sales	-	4,100,000	-	-	1,348,014	1,348,014	2,751,986

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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.

<b>A</b> Name of plan IRON WORKERS REGIONAL SHOP LOCAL 855 PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Iron Workers Regional Shop Local 855 Pension Plan	<b>D</b> Employer Identification Number (EIN) 94-0012049

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

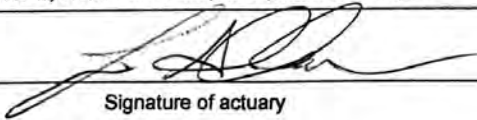
**1a** Enter the valuation date: Month 7 Day 1 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	73,700,766
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	73,882,239
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	82,747,614
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	81,653,709
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	117,007,763
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	333,549
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	7,444,702
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	7,971,732

**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.

<b>SIGN HERE</b>		<u>3/10/2026</u>
	Signature of actuary	Date
Joshua Allmen	Type or print name of actuary	23-08042
Rael & Letson	Firm name	Most recent enrollment number (650) 341-3311
160 Bovet Road, Suite 203	Address of the firm	Telephone number (including area code)
San Mateo	CA 94402	

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

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

Schedule MB (Form 5500) 2024  
v. 240311

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	73,700,766
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	908	75,204,199
<b>(2)</b> For terminated vested participants .....	709	32,243,830
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		29,858
<b>(b)</b> Vested benefits .....		9,529,876
<b>(c)</b> Total active .....	265	9,559,734
<b>(4)</b> Total .....	1,882	117,007,763
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	62.99%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	2,140,141				
<b>Totals ▶</b>			<b>3(b)</b>	2,140,141	<b>3(c)</b>
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b> 534,120

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	90.5%
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

- |  |   |   |   |
|--|---|---|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input checked="" type="checkbox"/> Entry age normal | <b>c</b> <input type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium    | <b>g</b> <input type="checkbox"/> Individual aggregate          | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |   |   |   |

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.69 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	6.1%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.0%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	412,031
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,883,672	-188,107
4	325,022	32,457

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	492,886

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	38,197,580	6,467,293
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0	0
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		452,412
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		7,412,591
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		16,227,290
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		2,140,141
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	13,104,915	2,894,634
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		1,312,480
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	27,441,881	
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	32,136,748	
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		0
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>		0
<b>(2)</b> Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		22,574,545
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		15,161,954
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>		0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>		0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Attachment to: 2024 Schedule MB (Form 5500), Statement by Enrolled Actuary  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## **Attachments to 2024 Schedule MB – Actuarial Information**

Attached as separate exhibits are:

1. Schedule MB, Line 3(d) – Withdrawal Liability Amounts
2. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
3. Schedule MB, Line 6 – Summary of Plan Provisions
4. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
5. Schedule MB, Line 8b(2) – Schedule of Active Participant Data
6. Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
7. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases
8. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.

Attachment to: 2024 Schedule MB (Form 5500), Line 3(d)  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

**Schedule MB, Line 3(D) – Withdrawal Liability Amounts<sup>1</sup>**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
09/04/2024	\$ 0	\$ 470,386	\$ 470,386
10/01/2024	8,733	0	8,733
04/17/2025	0	55,000	55,000

<sup>1</sup> The withdrawal liability payments rounded total is \$534,120 for the plan year ending June 30, 2025. There is an additional adjustment of \$(534,120) to account for the reduction to the receivable from June 30, 2024 to June 30, 2025 and the reversal of a receivable. This totals to \$0 as shown in the Plan’s audited financial statements.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

### METHODOLOGY:

Asset Valuation	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method	<b><u>Entry Age Normal Cost with Replacement</u></b> Under this cost method, liabilities for benefits earned to date plus those projected to be earned in the future by current active participants are reduced by the present value of future entry age normal costs. The normal cost is determined as if the current benefit accrual rate had always been in effect. This method requires that each year's contributions are first applied to pay for the benefits earned in the year. The balance of the contributions is available to amortize the Unfunded Accrued Liability or to add to the Actuarial Surplus. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate	6.50% for funding and 3.69% for current liability.
Assumed Rate of Return on Investments	6.50% compounded annually, net of investment expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting:	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses	\$425,000 payable annually (\$412,031 at beginning of year).
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, and retirement assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality	<p>Healthy Lives: Pri-2012 Blue Collar Dataset Employee/Retiree Headcount-Weighted Mortality Table (Participants) and Pri-2012 Blue Collar Dataset Contingent Survivor Headcount-Weighted Mortality Table (Beneficiaries) each set forward one year and projected with the MP-2020 projection scale (50% after 2019).</p> <p>Disabled Lives: Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality Table, with no mortality improvement assumed.</p> <p>Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1.</p>
Mortality Improvement	The current mortality assumption, with no improvement, is assumed to be reasonable at this time.
Termination Rates	<p>Select Period (from hire): Years 1 through 4 – 20%</p> <p>Ultimate Period (Years 5+): Table T-8 of the Actuary's Pension Handbook (Crocker-Sarason-Straight).</p>

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

#### ASSUMPTIONS:

Retirement Rates

Active participants are assumed to retire based on the following rate table:

Service	<26	27	28	29	30-32	33	34	>35
Age 60	10%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Age 61	10%	10%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Age 62	20%	20%	20%	0.5%	20%	0.5%	0.5%	20%
Age 63	15%	15%	15%	15%	20%	20%	0.5%	20%
Age 64	15%	15%	15%	15%	20%	20%	20%	20%
Age 65-67	25%	25%	25%	25%	25%	25%	25%	25%
Age 68-69	20%	20%	20%	20%	20%	20%	20%	20%
Age 70	25%	25%	25%	25%	25%	25%	25%	25%
Age 71	35%	35%	35%	35%	35%	35%	35%	35%
Age 72+	100%	100%	100%	100%	100%	100%	100%	100%

Inactive vested participants are assumed to retire based on the following rate table:

Service	<30	30+
Age 60-61	8%	8%
Age 62	10%	40%
Age 63	10%	45%
Age 64	14%	45%
Age 65	20%	45%
Age 66	20%	50%
Age 67	15%	50%
Age 68-69	5%	50%
Age 70+	100%	100%

For inactive vested participants between age 66 and 69 assume 80% retire with an actuarially increased benefit with the remaining 20% excluded from the valuation. For inactive vested participants between age 70 and 80 assume 55% retire with an actuarially increased benefit with the rest excluded from the valuation. Inactive vested participants over age 80 are excluded from the valuation.

Form of Benefit

For those not yet in pay status, all participants are assumed to elect a Life Annuity.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:	
Marital Status	85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their spouses.
Active Participant	Active participants are defined as those with at least 435 in the most recent Plan Year and who have accumulated at least one year of Credited Service.
Future Benefit Accruals	1.00 Benefit Unit per year.
Missing Data	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

<b>CHANGES SINCE PRIOR VALUATION</b>	<p>The assumptions for valuing vested inactive participants were revised. For inactive vested participants between age 66 and 69 assume 80% retire with an actuarially increased benefit with the remaining 20% excluded from the valuation. For inactive vested participants between age 70 and 80 assume 55% retire with an actuarially increased benefit with the rest excluded from the valuation. Previously, for inactive vested participants between age 70 and 80 assume 6% retire with an actuarially increased benefit with the rest excluded from the valuation.</p> <p>The current liability interest rate was changed from 2.85% to 3.69% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.</p>
--------------------------------------	---

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

## Schedule MB, Line 6 – Summary of Plan Provisions

NORMAL RETIREMENT	
Eligibility	Age 65 and 5 years of Credited Service.
Monthly Benefit	<p>The monthly pension amount for retirements effective on and after July 1, 2008 is the sum of items (a) through (j) as shown below.</p> <p>(a) \$12.50 for each Past Service Benefit Unit.</p> <p>(b) \$19.00 per Benefit Unit earned from July 1, 1958 through June 30, 1979.</p> <p>(c) \$86.00 per Benefit Unit earned from July 1, 1979 through June 30, 1989.</p> <p>(d) \$88.00 per Benefit Unit earned from July 1, 1989 through June 30, 2000.</p> <p>(e) \$50.00 per Benefit Unit earned from July 1, 2000 through June 30, 2001.</p> <p>(f) \$25.30 per Benefit Unit earned from July 1, 2001 through June 30, 2003.</p> <p>(g) \$25.00 per Benefit Unit earned from July 1, 2003 through June 30, 2008.</p> <p>(h) \$5.00 per Benefit Unit earned from July 1, 2008 through June 30, 2017.</p> <p>(i) \$10.00 per Benefit Unit earned from July 1, 2017 through June 30, 2018.</p> <p>(j) \$20.00 per Benefit Unit earned after June 30, 2018.</p>
EARLY RETIREMENT	
Eligibility	Age 60 and 5 years of Credited Service.
Monthly Benefit	Regular Pension amount reduced by actuarially equivalent factors from age 65.
SERVICE RETIREMENT	
Eligibility	Age 62 and 30 years of Credited Service.
Monthly Benefit	Regular Pension amount reduced by 90% for participants with 30 years of service; unreduced Regular Pension amount for participants with 35 years of service.
PRE-RETIREMENT DEATH BENEFIT	
Eligibility	5 years of Credited Service; regardless of age.
Monthly Benefit	75% (or 100% if the participant had at least 25 years of Credited Service) of the benefit that the participant would have received, had he or she retired the day before death occurred, on a Husband-and-Wife pension. If the participant was younger than age 60 at the time of death, the commencement of payment is deferred until the participant would have attained that age.
FORMS OF ANNUITY PAYMENTS	
Normal Form	50% Joint Annuity for married participants; Life Annuity for unmarried participants.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

### Summary of Plan Provisions (Continued)

#### OTHER

Participant Eligibility	July 1 or January 1 next following a twelve-month period during which he or she worked at least 435 hours in Covered Employment.
Vesting	Full vesting in accrued retirement benefit after earning 5 years of vesting credit.

#### CHANGES SINCE PRIOR VALUATION

None.

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(1)  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024/2025	\$ 82,010	\$ 509,409	\$ 6,955,313	\$ 7,546,732
2025/2026	143,932	721,276	6,652,632	7,517,840
2026/2027	196,987	935,979	6,351,910	7,484,876
2027/2028	244,767	1,148,006	6,045,376	7,438,149
2028/2029	297,242	1,299,363	5,742,039	7,338,644
2029/2030	330,009	1,465,592	5,433,508	7,229,109
2030/2031	360,156	1,593,131	5,124,755	7,078,042
2031/2032	392,651	1,672,474	4,827,373	6,892,498
2032/2033	425,784	1,737,538	4,520,127	6,683,449
2033/2034	449,802	1,809,851	4,217,912	6,477,565
2034/2035	473,319	1,858,879	3,916,949	6,249,147
2035/2036	498,142	1,885,587	3,621,222	6,004,951
2036/2037	521,816	1,901,495	3,332,169	5,755,480
2037/2038	539,006	1,892,623	3,051,158	5,482,787
2038/2039	552,043	1,890,165	2,779,482	5,221,690
2039/2040	563,872	1,875,505	2,518,352	4,957,729
2040/2041	575,387	1,858,288	2,268,843	4,702,518
2041/2042	578,396	1,837,668	2,031,874	4,447,938
2042/2043	580,881	1,790,872	1,808,187	4,179,940
2043/2044	573,524	1,743,472	1,598,358	3,915,354
2044/2045	566,423	1,684,030	1,402,793	3,653,246
2045/2046	559,084	1,617,694	1,221,752	3,398,530
2046/2047	546,030	1,561,865	1,055,413	3,163,308
2047/2048	528,392	1,484,479	903,864	2,916,735
2048/2049	508,342	1,398,640	767,064	2,674,046
2049/2050	485,311	1,316,398	644,830	2,446,539
2050/2051	461,618	1,225,970	536,804	2,224,392
2051/2052	438,768	1,138,529	442,433	2,019,730
2052/2053	416,177	1,050,414	360,975	1,827,566
2053/2054	391,097	964,418	291,526	1,647,041
2054/2055	368,916	882,048	233,054	1,484,018
2055/2056	345,419	804,276	184,451	1,334,146
2056/2057	321,254	728,682	144,570	1,194,506
2057/2058	301,171	659,025	112,277	1,072,473
2058/2059	280,811	593,682	86,481	960,974
2059/2060	258,039	533,055	66,155	857,249
2060/2061	239,568	476,600	50,360	766,528
2061/2062	218,449	424,967	38,252	681,668
2062/2063	199,764	377,553	29,094	606,411
2063/2064	182,412	334,384	22,251	539,047
2064/2065	165,567	294,278	17,195	477,040
2065/2066	149,802	257,706	13,491	420,999
2066/2067	134,876	225,009	10,795	370,680
2067/2068	121,237	195,140	8,836	325,213
2068/2069	108,332	168,998	7,407	284,737
2069/2070	96,501	145,371	6,350	248,222
2070/2071	85,751	124,371	5,549	215,671
2071/2072	76,048	106,023	4,924	186,995
2072/2073	67,319	90,098	4,415	161,832
2073/2074	59,489	76,359	3,983	139,831

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

**Schedule MB, Line 8b(2) – Schedule of Active Participant Data**

Age Group	Years Of Credited Service										Total	
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
Under 25	0	25	0	0	0	0	0	0	0	0	0	25
25 - 29	0	5	7	0	0	0	0	0	0	0	0	12
30 - 34	0	6	10	3	0	0	0	0	0	0	0	19
35 - 39	0	8	9	5	1	0	0	0	0	0	0	23
40 - 44	0	2	3	3	8	8	0	0	0	0	0	24
45 - 49	0	4	5	8	4	10	5	0	0	0	0	36
50 - 54	0	8	9	12	10	5	10	3	1	0	0	58
55 - 59	0	2	4	1	4	3	4	1	3	1	1	23
60 - 64	1	3	3	5	3	3	2	1	5	4	4	30
65 - 69	0	1	1	4	0	0	3	2	0	2	2	13
70 and Over	0	0	0	0	0	0	0	1	1	0	0	2
<b>Total</b>	1	64	51	41	30	29	24	8	10	7	7	265

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(3)  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

**Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**

<b>Plan Year</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024/2025	\$ 1,785,000	\$ 522,075	\$ 2,307,075
2025/2026	1,785,000	42,955	1,827,955
2026/2027	1,785,000	42,955	1,827,955
2027/2028	1,785,000	42,955	1,827,955
2028/2029	1,785,000	2,730	1,787,730
2029/2030	1,785,000	0	1,785,000
2030/2031	1,785,000	0	1,785,000
2031/2032	1,785,000	0	1,785,000
2032/2033	1,785,000	0	1,785,000
2033/2034	1,785,000	0	1,785,000

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Type of Base	Description	Date Established	Beginning Of Year			
			Balance	Period	Payment	
<b>Charges</b>	3	Plan Amendment	7/1/1995	\$ 223,827	1.00	\$ 223,827
	3	Plan Amendment	7/1/1996	253,388	2.00	130,681
	4	Assumption Change	7/1/1996	388,816	2.00	200,527
	3	Plan Amendment	7/1/1997	991,628	3.00	351,563
	4	Assumption Change	7/1/1998	440,005	4.00	120,600
	3	Plan Amendment	7/1/1998	4,368,581	4.00	1,197,372
	3	Plan Amendment	7/1/1999	1,751,893	5.00	395,836
	3	Plan Amendment	7/1/2000	732,236	6.00	142,026
	4	Assumption Change	7/1/2001	464,069	7.00	79,450
	3	Plan Amendment	7/1/2007	1,566,979	13.00	171,092
		Net Investment Loss Incurred in 2008/2009	7/1/2009	9,879,624	14.00	1,029,155
		Net Investment Loss Incurred in 2008/2009	7/1/2010	313,149	14.00	32,620
		Net Investment Loss Incurred in 2008/2009	7/1/2011	392,630	14.00	40,900
	1	Experience Loss	7/1/2012	1,070,189	3.00	379,416
	4	Assumption Change	7/1/2012	39,123	3.00	13,871
	0	Net Investment Loss Incurred in 2008/2009	7/1/2013	1,717,033	14.00	178,862
	4	Assumption Change	7/1/2014	26,156	5.00	5,909
		Net Investment Loss Incurred in 2008/2009	7/1/2014	1,881,450	14.00	195,989
	1	Experience Loss	7/1/2016	2,277,512	7.00	389,917
	1	Experience Loss	7/1/2017	513,270	8.00	79,153
	3	Plan Amendment	7/1/2017	268,288	8.00	41,374
	1	Experience Loss	7/1/2018	1,766,209	9.00	249,156
	3	Plan Amendment	7/1/2018	563,111	9.00	79,438
	1	Experience Loss	7/1/2019	689,926	10.00	90,115
4	Assumption Change	7/1/2020	2,965,754	11.00	362,171	
4	Assumption Change	7/1/2021	365,259	12.00	42,037	
1	Experience Loss	7/1/2022	1,465,571	13.00	160,019	
1	Experience Loss	7/1/2023	496,882	14.00	51,760	
4	Assumption Change	7/1/2024	325,022	15.00	32,457	
			<b>\$ 38,197,580</b>		<b>\$ 6,467,293</b>	

Type of Base	Description	Date Established	Beginning Of Year			
			Balance	Period	Payment	
<b>Credits</b>	4	Assumption Change	7/1/2000	\$ (799,701)	6.00	\$ (155,111)
	3	Plan Amendment	7/1/2003	(1,352,971)	9.00	(190,862)
	4	Assumption Change	7/1/2006	(1,851,188)	12.00	(213,049)
	1	Experience Gain	7/1/2010	(192,729)	1.00	(192,729)
	1	Experience Gain	7/1/2011	(1,322,310)	2.00	(681,968)
	3	Plan Amendment	7/1/2011	(1,192,907)	2.00	(615,228)
		Net Investment Loss Incurred in 2008/2009	7/1/2012	(249,402)	14.00	(25,980)
	1	Experience Gain	7/1/2013	(532,565)	4.00	(145,970)
	1	Experience Gain	7/1/2014	(469,670)	5.00	(106,121)
	1	Experience Gain	7/1/2015	(12,552)	6.00	(2,434)
	1	Experience Gain	7/1/2020	(510,265)	11.00	(62,313)
	1	Experience Gain	7/1/2021	(2,734,983)	12.00	(314,762)
	1	Experience Gain	7/1/2024	(1,883,672)	15.00	(188,107)
			<b>\$ (13,104,915)</b>		<b>\$ (2,894,634)</b>	

Attachment to: 2024 Schedule MB (Form 5500), Line 11  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

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

The assumptions for valuing vested inactive participants were revised in order to better reflect expected future experience. 80% of inactive vested participants between age 66 and 69 are assumed to retire with an actuarially increased benefit. The remaining 20% excluded from the valuation. In addition, 55% of inactive vested participants between age 70 and 80 are assumed to retire with an actuarially increased benefit. The rest are excluded from the valuation.

The current liability interest rate was changed from 2.85% to 3.69% recognizing that the rate must be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

IRON WORKERS REGIONAL SHOP LOCAL UNION 855  
PENSION TRUST

FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

IRON WORKERS REGIONAL SHOP LOCAL UNION 855  
PENSION TRUST

FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

<u>Description</u>	<u>Page Number</u>
Index	1
Independent Auditor's Report	2 – 4
Statements of net assets available for benefits at June 30, 2025 and 2024	5
Statements of changes in net assets available for benefits at June 30, 2025 and 2024	6
Notes to financial statements	7 – 18
<u>Other Financial Information</u>	
Schedule H, Line 4i- schedule of asset held at year end June 30, 2025	19
Schedule H, Line 4j – schedule of transactions or series of transactions in excess of 5% of the fair value of plan assets at June 30, 2025	20



**McMENOMY & ASSOCIATES CPAs, LLP**

Members of American Institute of Certified Public Accountants  
California Society of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Iron Workers Regional Shop Local 855  
Pension Trust  
Pasadena, California

**Opinion**

We have audited the financial statements of Iron Workers Regional Shop Local 855 Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA) which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits 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 Iron Workers Regional Shop local Union 855 Pension Trust as of June 30, 2025 and 2024, and the changes in its net assets available for benefits 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. 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 Iron Workers regional Iron Workers Regional Shop local Union 855 Pension Trust 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 opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statement 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 Iron Workers Regional Shop local Union 855 Pension Trust 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 the one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 Iron Workers Regional Shop local Union 855 Pension Trust 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Shop Ironworkers Local 855 Pension Plan 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.

### **Supplementary Information Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, assets held at end of year and transactions or series of transactions in excess of 5% of the fair value of Plan assets as of June 30, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the

responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

*McMenomy + Associates, CPAs, LLP*

Certified Public Accountants

Upland, California  
October 31, 2025

IRON WORKERS REGIONAL SHOP LOCAL 855  
PENSION TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	2025	2024
Assets:		
Investments, at fair value (Note 2)	\$ 75,743,481	\$ 72,874,494
Receivables -		
Employer contributions	116,878	143,933
Interest and dividends	214,608	2,794
Assessed withdrawal liability	317,709	906,922
Other	-	1,021
Total receivables	649,195	1,054,670
Cash	751,028	923,054
Other -		
Prepaid expenses	43,125	37,100
Total other	43,125	37,100
Total assets	77,186,829	74,889,318
Liabilities:		
Accounts payable and accrued expenses	45,551	57,983
Due to other trusts	5,318	223,647
Total liabilities	50,869	281,630
Net assets available for benefits	\$ 77,135,960	\$ 74,607,688

See accompanying notes to the financial statements.

IRON WORKERS REGIONAL SHOP LOCAL 855  
PENSION TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	2025	2024
Additions to Fund:		
Investment income		
Net appreciation in fair value of investments	\$ 2,953,910	\$ 3,079,888
Interest and dividends	1,305,420	843,657
Realized gain on sale of investments	4,368,024	2,570,243
Total investment income	8,627,354	6,493,788
Employer contributions	1,550,928	1,902,550
Liquidated damages	690	2,716
Withdrawal liability income	-	176,638
Total employer payments	\$ 1,551,618	2,081,904
Other income (expense)	-	11,215
Total additions to Fund	10,178,972	8,586,907
Deductions from Fund:		
Benefits paid directly to participants	6,966,611	6,910,158
Trust operating and administrative expenses	684,089	664,166
Total deductions from Fund	7,650,700	7,574,324
Net additions to Fund	2,528,272	1,012,583
Net assets available for benefits		
Beginning of year	74,607,688	73,595,105
End of year	\$ 77,135,960	\$ 74,607,688

See accompanying notes to the financial statements.

IRON WORKERS REGIONAL SHOP LOCAL UNION 855  
PENSION TRUST

Notes to Financial Statements

June 30, 2025 and 2024

Note 1: Description of the Plan:

The following brief description of Iron Workers Regional Shop Local Union 855 Pension Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General –

The Plan, a multiemployer defined benefit plan, was established on August 1983 for the purpose of providing pension, death and disability benefits to eligible participants and their beneficiaries covered by the collective bargaining agreements between Shop Ironworkers Local Union 855 of the International Association of Bridge, Structural and Ornamental Ironworkers and the Western Steel Council, Inc. and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility –

An employee becomes a participant in this Plan on the July 1 or January 1 next following a 12-consecutive month period during which you worked 435 hours for a contributing employer in covered employment or continuous non-covered employment. Partners in a partnership or self-employed persons are not eligible to become participants. Cooperative owners may participate if they qualify as alumni under the Plan and sign an appropriate contribution agreement. You cease to be a participant at the end of any plan credit year in which you do not work at least 435 hours in covered or continuous non-covered employment, unless you are vested as described below.

Contributions –

During the years ended June 30, 2025 and 2024, the Plan received contributions from employers for each hour worked by participants at the following principal rate:

July 1, 2023 – June 30, 2025	\$ 3.57
------------------------------	---------

Vesting –

After January 1, 1976, a participant is vested if:

You are covered by a collective bargaining agreement and have earned more than one hour of work on or after July 1, 1996 and accumulated at least 5 years of credit service without a permanent break in services, or

You are not covered by a collective bargaining agreement and have earned more than one hour of work on or after June 30, 1998 and accumulated at least 5 years of credited service without a permanent break in services, or

You have accumulated at least 10 years of credited services without a permanent

break in services.

For vesting requirements prior to January 1, 1976, participants should refer to the plan document.

**Pension Benefits—**

Generally, participants are entitled to annual pension benefits beginning at age 65 with 5 or more years of credited service without a permanent break in service or has attained normal retirement age. The pension benefit amount varies depending on the benefit level achieved when employment is terminated, earned pension credits, retirement age, and certain participant elections. Under the defined benefit plan, qualified participants are entitled to either a regular pension, unreduced early retirement pension, 90% early retirement pension, or an early retirement pension. Married participants receive such benefits as a joint and survivor annuity unless otherwise elected, with spousal consent.

**Death and Disability Benefits—**

In the event of a death of a participant prior to retirement, the beneficiary would receive a surviving spouse pension if the participant achieved vested status, had at least one hour of work in covered employment since September 2, 1974 and the participant and spouse were married for at least one year prior to the participant's death. Participants should refer to the plan document for additional information on the payment calculation of a pre-retirement surviving spouse pension. A participant is eligible for a disability pension if the date of the disability, as determined by the Federal Social Security Administration, is before July 1, 2011. Participants should refer to the plan document for additional eligibility requirements for a disability pension.

**Note 2: Summary of Significant Policies:**

**Basis of accounting –**

The financial statements of the Plan are prepared on the accrual basis of accounting

**Use of estimates—**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Employer Contributions and Contributions Receivable –**

Employer contributions reported in the financial statements include amounts relating to hours worked by participants through June 30, plus material delinquent contributions, together with liquidated damages which may be imposed. Allowances are made for uncollectible amounts, if any.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected

**Assessed Withdrawal Liability Receivable –**

The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

#### Investment Valuation and Income Recognition –

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. The plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

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 includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

#### Payment of Benefits –

Benefit payments to participants are recorded upon distribution.

#### Plans Operating Expenses –

The Plan's expenses are paid by the Plan as specified in the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

#### Actuarial Present Value of Accumulated Plan Benefits –

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on benefit units earned. The accumulated plan benefits for active participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death and disability) are included to the extent they are deemed attributable to participant service rendered to the valuation date. The actuarial present value of accumulated plan Benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

#### Concentration of Risk –

The Plan maintains its cash balances at high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, such cash balances may be in excess of the insurance limit. The Plan has not experienced any credit losses on its cash and cash equivalents to date as it relates to FDIC insurance limits.

#### Subsequent events –

The Plan management has evaluated subsequent events through October 31, 2025, the date which the financial statements were available to be issued. The plan had determined that there

are no material events that would require recognition in or disclosure in the Plan's financial statements through this date.

Note 3: Funding Policy:

General –

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plans actuary has advised that the minimum funding requirements of ERISA were met as of July 1, 2024.

Pension Protection Act Funding Status –

Under the Pension Protection Act of 2006 (Act), the Plan's actuary certified the Plan will be neither critical nor endangered, which is considered the green zone for the year beginning July 1, 2024. The Plan was over 80% funded for the prior plan year.

Note 4: Plan termination:

The Plan is expected to continue indefinitely, however, the trustees reserve the right, subject to the provisions of the Plan Agreement and the Collective Bargaining Agreements, to terminate the Plan. To do so, they must notify and obtain approval from a governmental agency called the Pension Benefit Guaranty Corporation. In no event shall any of the assets of the pension fund revert to or be recoverable by an employer association, individual employer, or union. In the event of partial or total termination of this Plan, all participants of the Plan at all times will be one hundred percent (100%) vested to the extent that the Plan is funded. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets to provide for accumulated plan benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC.

In the event of termination of this Plan, and subject to applicable requirements of ERISA, The Trustees, after providing for the expenses of the Plan, shall allocate the assets then remaining to the extent that they shall be sufficient for the purpose of paying pension benefits (based on Pension Credit to the date of termination of the Pension Plan) in the following order of precedence:

- 1) to provide permissions to Retired Participants who shall have retired under the Plan prior to its termination and to provide provisions to the beneficiaries of the deceased Retired Participants in accordance with the optional form of permission selected without reference to the order of retirement;
- 2) to provide pensions to Participants who have reached Normal Retirement Age on the date of termination, without reference to the order in which they have reached Normal Retirement Age;
- 3) to provide pensions to Participants who qualify for early retirement or who have qualified for disability benefits without reference to age or the date which a Participant qualified for a disability benefit;
- 4) to provide pensions upon attainment of Normal Retirement Age to Participants and former Participants to qualify for a vested benefit without reference to the order in which they attain Normal Retirement Age; and,

- 5) to provide pensions upon attainment of Normal Retirement Age for all other Participants who have not lost Vesting Credit.

Certain benefits under the Plan are covered by the insurance protection of the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. The PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Whether participants receive the full amount of benefits to which they are entitled should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets on the date of payment to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Note 5: Fair Value Measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

The assets or liabilities fair value methodology are unobservable and significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Mutual funds - (including money market mutual funds)- Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts - Valued at fair value based on the NAV of units held of the collective trusts. The NAV is based on the observable market prices of the

underlying investments within the fund less liabilities. The NAV for the underlying assets of the fund is a readily determinable measure of their fair value and is the basis used by the fund for current transactions.

Limited partnerships/Joint Ventures - Valued at fair value based on the NAV of underlying investments held. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. The NAV for the underlying assets of the fund is used as a practical expedient to estimate fair value.

Private investment trust and real estate investment fund - Valued at fair value based on the NAV of underlying investments held. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. The NAV for the underlying assets of the fund is used as a practical expedient to estimate fair value.

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

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets as their value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market mutual funds	\$ 55,091	\$ -	\$ -	\$ 55,091
Mutual funds	<u>24,983,562</u>	<u>-</u>	<u>-</u>	<u>24,983,562</u>
Total assets in the fair value hierarchy	<u>\$ 25,038,653</u>	<u>\$ -</u>	<u>\$ -</u>	25,038,653
Investments measured at net asset value (a)				<u>50,704,828</u>
Total				<u>\$ 75,743,481</u>

Assets at Fair Value as of June 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 598,522	\$ -	\$ -	\$ 598,522
Mutual funds	<u>21,719,349</u>	<u>-</u>	<u>-</u>	<u>21,719,349</u>
Total assets in the fair value hierarchy	<u>\$ 22,317,871</u>	<u>\$ -</u>	<u>\$ -</u>	22,317,871
Investments measured at net asset value (a)				<u>50,556,623</u>
Total				<u>\$ 72,874,494</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net assets value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.



IFM Global Infrastructure's objective is to acquire and maintain a diversified portfolio of global infrastructure investments that realize a 10% annual return over a 3-year rolling period.

White Oak Summit Fund LP's objective is to earn substantial current income by originating, extending and/or investing in a diversified portfolio of corporate credit and senior secured asset-based loans and debt instruments issued by small to middle market companies located primarily in the United States and Canada.

RREEF America REIT II objective is to generate attractive, predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to the shareholders through cash dividends and appreciation in the value of REIT shares.

Grosvenor Opportunistic Multi Credit Fund C's objective is to invest in funds that implement "non-traditional" or "alternative" investment strategies.

AFL-CIO Housing Investment Trust seeks to generate competitive risk-adjusted total rates of return for its participants by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed securities and mortgage-backed obligations.

Note 6: Actuarial Present Value of Accumulated Plan Benefits:

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

Actuarial Value of Assets	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Interest Discount Rate	6.50% for funding and FASB ASC 960, and 3.69% for current liability
Assumed rate of return on investments	6.50% compounded annually, net of investment Expenses
Operating Expenses	A total amount of \$425,000 paid in monthly installments (\$412,031 at beginning of year)
Mortality	Healthy Lives: Pri-2012 Blue Collar Dataset Employee/Retiree Headcount-Weighted Mortality Table (Participants) and Pri-2012 Blue Collar Contingent Survivor Headcount-Weighted Mortality Table (Beneficiaries) each set forward one year and projected with the MP-2020 projection scale (50%

after 2019)

Disabled Lives: Pri-2012 Total Dataset Headcount-Weighted Mortality Table, with no mortality improvement assumed.

Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1.

Termination Rates

Select Period (from Hire): Years 1 through 4 – 20%  
Ultimate Period (Years) 5+); Table of the Actuary's Pension Handbook (Crocker-Sarason-Straight)

Marital Status

85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their male spouses.

Active Participant

Active participants are defined as those with at least 435 hours in the most recent Plan Year and who have accumulated at least one year of Credit Service

Future Benefit Accruals

1.00 Benefit Unit per year

Changes since prior valuation

The current liability interest rate was changed from 2.85% to 3.69% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

The actuarial present value of accumulated plan benefits as of July 1, 2024, are as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits at end of the plan year	
Participants currently receiving benefits	\$ 60,432,194
Other participants' vested benefits	<u>29,297,036</u>
Total vested benefits	89,729,230
Nonvested benefits	<u>24,308</u>
Total year end actuarial present value	<u>\$ 89,753,538</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended July 1, 2024, are as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits at beginning of plan year	<u>\$ 91,400,685</u>
Increase (decrease) during year due to	
Benefits accumulated and actuarial experience	(36,351)
Increase for Interest	5,703,335
Benefits and Expenses Paid	<u>(7,314,131)</u>
Net Increase	<u>(1,647,147)</u>
Actuarial present value of accumulated plan benefits at the end of plan year	<u>\$ 89,753,538</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable to determining the actuarial present value of accumulated Plan benefits. Had the valuation been performed as June 30, 2024, there would be no material differences.

For the years ended June 30, 2025 and 2024, the Plan is in withdrawal liability status. There have been employers that have withdrawn from this Plan during the withdrawal liability period. They are now required to contribute to the Plan to reduce their withdrawal liability. The present value for future stream of payments from those employers for the year ended June 30, 2025 and 2024, \$317,709 and \$906,922, respectively.

**Note 7: Related Parties and Party-in-interest Transactions:**

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

The Iron Workers Regional Shop Local Union 855 Pension Trust, Health and Welfare Plan and Individual Account Retirement Plan share the same Board of Trustees. The Ironworkers Regional Shop Local 855 Pension Plan collects contributions on behalf of the Iron Workers Regional Shop Local Union 855 Pension Trust, Health and Welfare Plan, and Individual Account Retirement Plan. These contributions are transferred monthly to the respective plans based on allocation of contribution rates. As of June 30, 2025 and 2024, \$ - and \$216,196 were due to the Health and Welfare Plan, respectively. As of June 30, 2025 and 2024, \$4,998 and \$7,053 were due to the Individual Account Retirement Plan, respectively.

In addition, the Iron Workers Regional Shop Local 855 Welfare and Individual Account Retirement Plan wire funds to the Iron Workers Regional Shop Local Union 855 Pension Trust to pay for the operating expenses incurred by the individual plans on their behalf. Common administrative expenses are allocated to each trust on a percentage basis. No amounts are due between the plans as of June 30, 2025 and 2024. Total expenses allocated to the plan for the year ended June 30, 2025 and 2024 are \$684,089 and \$664,166 respectively.

Note 8: Risks and Uncertainties:

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 9: Plan administrative and operating expenses:

The plan administrative and operating expenses of the plan are as follows:

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 89,000	\$ 89,000
Actuary fees	82,546	86,585
Audit fees and expenses	16,000	16,000
Commercial banking fees	39,183	39,370
Custodian fees	33,877	32,178
Dues and subscriptions	425	398
Insurance	23,599	23,688
Investment consultant	76,000	76,000
Investment managers fees	176,799	149,299
Legal fees and expenses	43,119	62,660
Meetings and conferences	5,382	2,572
Outside services	400	900
PBGC insurance premiums	74,185	72,030
Printing, supplies and postage	11,232	6,342
Storage and records	12,342	7,144
Total plan administrative and operating expenses	<u>\$ 684,089</u>	<u>\$ 664,166</u>

Note 10: Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated July 2, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Plan Sponsor and Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

Periodically, the Plan is subject to Federal and California taxes on its unrelated business taxable income (UBTI). UBTI is derived from a trade or business that is unrelated to the exempt organization's purpose. For this Plan, UBTI is mainly derived from investing in entities that also use third party debt financing. The Plan management believes that the Plan, as amended, continues to qualify and to operate in accordance with the applicable provision of the Internal Revenue Code for which the Plan has received a favorable tax exemption letter.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the

Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 11: Trust and plan amendment:

On August 31, 2023 the Trust Agreement was amended by the Board of Trustees to officially change the name of the Trust from “Shop Ironworkers Local 790 Pension Trust” to “Iron Workers Regional Shop Local 855 Pension Trust” effective July 1, 2023.

Note 12: Subsequent events:

On October 1, 2025 the Board of trustees approved to merge with the Ironworkers National Pension Plan, on or after February 1, 2026. The plan’s net assets available for benefits and accumulated benefit obligations will be transferred to the new plan. The merger will not affect the participant’s pension benefits because the benefit provisions of the merged plan will be incorporated into the Plan.

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

(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
	Money Market Fund-			
	First American Government Obligation Fund CI Z	Money Market Fund - at variable rates	\$ 55,091	\$ 55,091
	Mutual Funds-			
	American Euro Pacific Growth Fund FDCL R6	113,294.262 shares	6,174,493	6,879,228
	Vanguard Total International Stock Index Fund	45,604.321 shares	4,989,520	6,766,313
	Pimco Total Return Funds Inst	567,879.247 shares	5,450,310	4,929,192
	Pimco Income Fund Ins	595,062.817 shares	6,688,079	6,408,827
	Vanguard Short-term Bond Index Fund I	.23 shares	2	2
	Total Mutual Funds		<u>23,302,404</u>	<u>24,983,562</u>
	Partnerships/Joint Ventures-			
	IFM Global Infrastructure Fund LP	4,966,964.370 shares	4,986,964	4,986,964
	RREEF American II Reit	36,179.109 shares	3,836,787	4,563,661
	Grosvenor Opportunity Mult Credit Fund C	3,249,784.00 shares	2,484,028	3,262,923
	AFL-CIO Housing Investment Trust	4,416.649 shares	4,877,982	4,311,604
	White Oak Summit Fund LP	2,249,062.160 shares	2,205,202	2,258,221
	Total Partnerships/Joint Ventures		<u>18,390,963</u>	<u>19,383,373</u>
	Collective Investment Funds-			
	JP Morgan High Yield Fund	144,867.853 shares	2,771,407	4,525,665
	Blackrock Russell 1000 Index NL Fund	220,108.669 shares	7,013,013	22,504,165
	Wellington WTC CIF II	197,770.714 shares	2,019,741	4,291,625
	Total Collective Investment Funds		<u>11,804,161</u>	<u>31,321,455</u>
	Total assets held at year end		<u>\$ 53,552,619</u>	<u>\$ 75,743,481</u>

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF  
5% OF THE CURRENT VALUE OF PLAN ASSETS

(a) Identity of party involved	(b) Description of asset (include) interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss)
U.S. Bank	Fidelity American Government Obligation Fund CI Z Account #6746022902 32 purchases 8 sales	\$ 6,613,285 -	- \$ 6,762,098	- -	- -	\$ 6,613,285 6,762,098	\$ 6,613,285 6,762,098	- -
U.S. Bank	Fidelity American Government Obligation Fund CI Z Account #6746022907 73 purchases 51 sales	8,867,870 -	- 9,262,488	- -	- -	8,867,870 9,262,488	8,867,870 9,262,488	- -
U.S. Bank	Blackrock Russell 1000 Index Fund 5 sales	-	4,100,000	-	-	1,348,014	1,348,014	2,751,986

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

**Schedule MB, Line 8b(2) – Schedule of Active Participant Data**

Age Group	Years Of Credited Service										Total	
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
Under 25	0	25	0	0	0	0	0	0	0	0	0	25
25 - 29	0	5	7	0	0	0	0	0	0	0	0	12
30 - 34	0	6	10	3	0	0	0	0	0	0	0	19
35 - 39	0	8	9	5	1	0	0	0	0	0	0	23
40 - 44	0	2	3	3	8	8	0	0	0	0	0	24
45 - 49	0	4	5	8	4	10	5	0	0	0	0	36
50 - 54	0	8	9	12	10	5	10	3	1	0	0	58
55 - 59	0	2	4	1	4	3	4	1	3	1	1	23
60 - 64	1	3	3	5	3	3	2	1	5	4	4	30
65 - 69	0	1	1	4	0	0	3	2	0	2	2	13
70 and Over	0	0	0	0	0	0	0	1	1	0	0	2
<b>Total</b>	1	64	51	41	30	29	24	8	10	7	265	

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

### METHODOLOGY:

Asset Valuation	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method	<b><u>Entry Age Normal Cost with Replacement</u></b> Under this cost method, liabilities for benefits earned to date plus those projected to be earned in the future by current active participants are reduced by the present value of future entry age normal costs. The normal cost is determined as if the current benefit accrual rate had always been in effect. This method requires that each year's contributions are first applied to pay for the benefits earned in the year. The balance of the contributions is available to amortize the Unfunded Accrued Liability or to add to the Actuarial Surplus. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate	6.50% for funding and 3.69% for current liability.
Assumed Rate of Return on Investments	6.50% compounded annually, net of investment expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting:	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses	\$425,000 payable annually (\$412,031 at beginning of year).
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, and retirement assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality	<p>Healthy Lives: Pri-2012 Blue Collar Dataset Employee/Retiree Headcount-Weighted Mortality Table (Participants) and Pri-2012 Blue Collar Dataset Contingent Survivor Headcount-Weighted Mortality Table (Beneficiaries) each set forward one year and projected with the MP-2020 projection scale (50% after 2019).</p> <p>Disabled Lives: Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality Table, with no mortality improvement assumed.</p> <p>Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1.</p>
Mortality Improvement	The current mortality assumption, with no improvement, is assumed to be reasonable at this time.
Termination Rates	<p>Select Period (from hire): Years 1 through 4 – 20%</p> <p>Ultimate Period (Years 5+): Table T-8 of the Actuary's Pension Handbook (Crocker-Sarason-Straight).</p>

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

#### ASSUMPTIONS:

##### Retirement Rates

Active participants are assumed to retire based on the following rate table:

Service	<26	27	28	29	30-32	33	34	>35
Age 60	10%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Age 61	10%	10%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Age 62	20%	20%	20%	0.5%	20%	0.5%	0.5%	20%
Age 63	15%	15%	15%	15%	20%	20%	0.5%	20%
Age 64	15%	15%	15%	15%	20%	20%	20%	20%
Age 65-67	25%	25%	25%	25%	25%	25%	25%	25%
Age 68-69	20%	20%	20%	20%	20%	20%	20%	20%
Age 70	25%	25%	25%	25%	25%	25%	25%	25%
Age 71	35%	35%	35%	35%	35%	35%	35%	35%
Age 72+	100%	100%	100%	100%	100%	100%	100%	100%

Inactive vested participants are assumed to retire based on the following rate table:

Service	<30	30+
Age 60-61	8%	8%
Age 62	10%	40%
Age 63	10%	45%
Age 64	14%	45%
Age 65	20%	45%
Age 66	20%	50%
Age 67	15%	50%
Age 68-69	5%	50%
Age 70+	100%	100%

For inactive vested participants between age 66 and 69 assume 80% retire with an actuarially increased benefit with the remaining 20% excluded from the valuation. For inactive vested participants between age 70 and 80 assume 55% retire with an actuarially increased benefit with the rest excluded from the valuation. Inactive vested participants over age 80 are excluded from the valuation.

##### Form of Benefit

For those not yet in pay status, all participants are assumed to elect a Life Annuity.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

### Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:	
Marital Status	85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their spouses.
Active Participant	Active participants are defined as those with at least 435 in the most recent Plan Year and who have accumulated at least one year of Credited Service.
Future Benefit Accruals	1.00 Benefit Unit per year.
Missing Data	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

<b>CHANGES SINCE PRIOR VALUATION</b>	<p>The assumptions for valuing vested inactive participants were revised. For inactive vested participants between age 66 and 69 assume 80% retire with an actuarially increased benefit with the remaining 20% excluded from the valuation. For inactive vested participants between age 70 and 80 assume 55% retire with an actuarially increased benefit with the rest excluded from the valuation. Previously, for inactive vested participants between age 70 and 80 assume 6% retire with an actuarially increased benefit with the rest excluded from the valuation.</p> <p>The current liability interest rate was changed from 2.85% to 3.69% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.</p>
--------------------------------------	---

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

## Schedule MB, Line 6 – Summary of Plan Provisions

NORMAL RETIREMENT	
Eligibility	Age 65 and 5 years of Credited Service.
Monthly Benefit	<p>The monthly pension amount for retirements effective on and after July 1, 2008 is the sum of items (a) through (j) as shown below.</p> <p>(a) \$12.50 for each Past Service Benefit Unit.</p> <p>(b) \$19.00 per Benefit Unit earned from July 1, 1958 through June 30, 1979.</p> <p>(c) \$86.00 per Benefit Unit earned from July 1, 1979 through June 30, 1989.</p> <p>(d) \$88.00 per Benefit Unit earned from July 1, 1989 through June 30, 2000.</p> <p>(e) \$50.00 per Benefit Unit earned from July 1, 2000 through June 30, 2001.</p> <p>(f) \$25.30 per Benefit Unit earned from July 1, 2001 through June 30, 2003.</p> <p>(g) \$25.00 per Benefit Unit earned from July 1, 2003 through June 30, 2008.</p> <p>(h) \$5.00 per Benefit Unit earned from July 1, 2008 through June 30, 2017.</p> <p>(i) \$10.00 per Benefit Unit earned from July 1, 2017 through June 30, 2018.</p> <p>(j) \$20.00 per Benefit Unit earned after June 30, 2018.</p>
EARLY RETIREMENT	
Eligibility	Age 60 and 5 years of Credited Service.
Monthly Benefit	Regular Pension amount reduced by actuarially equivalent factors from age 65.
SERVICE RETIREMENT	
Eligibility	Age 62 and 30 years of Credited Service.
Monthly Benefit	Regular Pension amount reduced by 90% for participants with 30 years of service; unreduced Regular Pension amount for participants with 35 years of service.
PRE-RETIREMENT DEATH BENEFIT	
Eligibility	5 years of Credited Service; regardless of age.
Monthly Benefit	75% (or 100% if the participant had at least 25 years of Credited Service) of the benefit that the participant would have received, had he or she retired the day before death occurred, on a Husband-and-Wife pension. If the participant was younger than age 60 at the time of death, the commencement of payment is deferred until the participant would have attained that age.
FORMS OF ANNUITY PAYMENTS	
Normal Form	50% Joint Annuity for married participants; Life Annuity for unmarried participants.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

### Summary of Plan Provisions (Continued)

#### OTHER

Participant Eligibility	July 1 or January 1 next following a twelve-month period during which he or she worked at least 435 hours in Covered Employment.
Vesting	Full vesting in accrued retirement benefit after earning 5 years of vesting credit.

#### CHANGES SINCE PRIOR VALUATION

None.

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Period	Payment
<b>Charges</b>	3 Plan Amendment	7/1/1995	\$ 223,827	1.00	\$ 223,827
	3 Plan Amendment	7/1/1996	253,388	2.00	130,681
	4 Assumption Change	7/1/1996	388,816	2.00	200,527
	3 Plan Amendment	7/1/1997	991,628	3.00	351,563
	4 Assumption Change	7/1/1998	440,005	4.00	120,600
	3 Plan Amendment	7/1/1998	4,368,581	4.00	1,197,372
	3 Plan Amendment	7/1/1999	1,751,893	5.00	395,836
	3 Plan Amendment	7/1/2000	732,236	6.00	142,026
	4 Assumption Change	7/1/2001	464,069	7.00	79,450
	3 Plan Amendment	7/1/2007	1,566,979	13.00	171,092
	Net Investment Loss Incurred in 2008/2009	7/1/2009	9,879,624	14.00	1,029,155
	Net Investment Loss Incurred in 2008/2009	7/1/2010	313,149	14.00	32,620
	Net Investment Loss Incurred in 2008/2009	7/1/2011	392,630	14.00	40,900
	1 Experience Loss	7/1/2012	1,070,189	3.00	379,416
	4 Assumption Change	7/1/2012	39,123	3.00	13,871
	0 Net Investment Loss Incurred in 2008/2009	7/1/2013	1,717,033	14.00	178,862
	4 Assumption Change	7/1/2014	26,156	5.00	5,909
	Net Investment Loss Incurred in 2008/2009	7/1/2014	1,881,450	14.00	195,989
	1 Experience Loss	7/1/2016	2,277,512	7.00	389,917
	1 Experience Loss	7/1/2017	513,270	8.00	79,153
	3 Plan Amendment	7/1/2017	268,288	8.00	41,374
	1 Experience Loss	7/1/2018	1,766,209	9.00	249,156
	3 Plan Amendment	7/1/2018	563,111	9.00	79,438
	1 Experience Loss	7/1/2019	689,926	10.00	90,115
	4 Assumption Change	7/1/2020	2,965,754	11.00	362,171
	4 Assumption Change	7/1/2021	365,259	12.00	42,037
	1 Experience Loss	7/1/2022	1,465,571	13.00	160,019
	1 Experience Loss	7/1/2023	496,882	14.00	51,760
	4 Assumption Change	7/1/2024	325,022	15.00	32,457
			\$ 38,197,580		\$ 6,467,293

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Period	Payment
<b>Credits</b>	4 Assumption Change	7/1/2000	\$ (799,701)	6.00	\$ (155,111)
	3 Plan Amendment	7/1/2003	(1,352,971)	9.00	(190,862)
	4 Assumption Change	7/1/2006	(1,851,188)	12.00	(213,049)
	1 Experience Gain	7/1/2010	(192,729)	1.00	(192,729)
	1 Experience Gain	7/1/2011	(1,322,310)	2.00	(681,968)
	3 Plan Amendment	7/1/2011	(1,192,907)	2.00	(615,228)
	Net Investment Loss Incurred in 2008/2009	7/1/2012	(249,402)	14.00	(25,980)
	1 Experience Gain	7/1/2013	(532,565)	4.00	(145,970)
	1 Experience Gain	7/1/2014	(469,670)	5.00	(106,121)
	1 Experience Gain	7/1/2015	(12,552)	6.00	(2,434)
	1 Experience Gain	7/1/2020	(510,265)	11.00	(62,313)
	1 Experience Gain	7/1/2021	(2,734,983)	12.00	(314,762)
	1 Experience Gain	7/1/2024	(1,883,672)	15.00	(188,107)
			\$ (13,104,915)		\$ (2,894,634)

Attachment to: 2024 Schedule MB (Form 5500), Line 3(d)  
 Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
 Employer ID Number: 94-0012049  
 Plan Number: 001

### Schedule MB, Line 3(D) – Withdrawal Liability Amounts<sup>1</sup>

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
09/04/2024	\$ 0	\$ 470,386	\$ 470,386
10/01/2024	8,733	0	8,733
04/17/2025	0	55,000	55,000

<sup>1</sup> The withdrawal liability payments rounded total is \$534,120 for the plan year ending June 30, 2025. There is an additional adjustment of \$(534,120) to account for the reduction to the receivable from June 30, 2024 to June 30, 2025 and the reversal of a receivable. This totals to \$0 as shown in the Plan's audited financial statements.

Attachment to: 2024 Schedule MB (Form 5500), Line 11  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

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

The assumptions for valuing vested inactive participants were revised in order to better reflect expected future experience. 80% of inactive vested participants between age 66 and 69 are assumed to retire with an actuarially increased benefit. The remaining 20% excluded from the valuation. In addition, 55% of inactive vested participants between age 70 and 80 are assumed to retire with an actuarially increased benefit. The rest are excluded from the valuation.

The current liability interest rate was changed from 2.85% to 3.69% recognizing that the rate must be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Attachment to: 2024 Schedule MB (Form 5500), Statement by Enrolled Actuary  
Plan Name: Iron Workers Regional Shop Local 855 Pension Plan  
Employer ID Number: 94-0012049  
Plan Number: 001

## **Attachments to 2024 Schedule MB – Actuarial Information**

Attached as separate exhibits are:

1. Schedule MB, Line 3(d) – Withdrawal Liability Amounts
2. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
3. Schedule MB, Line 6 – Summary of Plan Provisions
4. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
5. Schedule MB, Line 8b(2) – Schedule of Active Participant Data
6. Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
7. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases
8. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.