

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

|         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |
| 1a      | Name of plan<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN                                                                                                                                                                                                                                                                                                                                    | 1b Three-digit plan number (PN) ▶ 001                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                                                                   | 1c Effective date of plan<br>07/01/1994                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN<br>COX, HOLSTED & DIMICK, PC<br><br>3717 NW 63RD ST STE 100<br>OKLAHOMA CITY, OK 73116-1925 | 2b Employer Identification Number (EIN)<br>73-6145795<br><br>2c Plan Sponsor's telephone number<br>405-848-4848<br><br>2d Business code (see instructions)<br>331200 |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                                                                                                                                                                                                    |                                                   |            |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                   |            |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 04/14/2026 | RICHARD DIMICK                                               |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 04/14/2026 | JOE MCKENZIE                                                 |
|                                                                                                                                                                                                                                                                                                                                        | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|--------------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|----|-----------|-----|--------------|--|--------------|--|-----------|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RICHARD DIMICK<br><br>3717 NW 63RD ST STE 100<br>OKLAHOMA CITY, OK 73116-1925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br>73-1158890<br><br><b>3c</b> Administrator's telephone number<br>405-848-4848<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 755                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><b>6a(1)</b></td><td style="width: 90%; text-align: right;">320</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">319</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">177</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">168</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">664</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">87</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">751</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">3</td></tr> </table> | <b>6a(1)</b> | 320 | <b>6a(2)</b> | 319 | <b>6b</b> | 177 | <b>6c</b> | 168 | <b>6d</b> | 664 | <b>6e</b> | 87 | <b>6f</b> | 751 | <b>6g(1)</b> |  | <b>6g(2)</b> |  | <b>6h</b> | 3 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 177                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 664                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |     |              |     |           |     |           |     |           |     |           |    |           |     |              |  |              |  |           |   |

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                      |     |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025               |                                                      |     |
| A Name of plan<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN                                         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN | D Employer Identification Number (EIN)<br>73-6145795 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
MASSMUTUAL LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | 781903-D1                             | 1                                                                           | 07/01/2024              | 06/30/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

---

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

---

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

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

---

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

---

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

---

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 1153776  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 42665694 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 1558621 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |         |  |
|-----------------------------------------------------------------------|--------------|---------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 2040412 |  |
|                                                                       | <b>7c(2)</b> | 0       |  |
|                                                                       | <b>7c(3)</b> | 31198   |  |
|                                                                       | <b>7c(4)</b> | 0       |  |
|                                                                       | <b>7c(5)</b> | 0       |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 2071610 |
|---------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 3630231 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e Deductions:**

|                                                                                 |              |         |  |
|---------------------------------------------------------------------------------|--------------|---------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 2336492 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 139963  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 0       |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 0       |  |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 2476455 |
|----------------------------|--------------|---------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 1153776 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

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.

|                                                                                                                                        |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div>                                                    | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>73-6145795</div> |

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

|                                                                                                                    |                                         |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 07 Day 01 Year 2024</div>                                       |                                         |
| <div>b Assets</div>                                                                                                |                                         |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>51981284</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>51649103</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div></div>            |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                         |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div> <div></div>         |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div> <div>34025244</div> |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div> <div>83268</div>    |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>32921818</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                         |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div> <div>0</div>           |
| <div>(2) "RPA '94" information:</div>                                                                              |                                         |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>48341693</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>341997</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>2237627</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>2237627</div>     |

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.

|                                                                                        |                                                                  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                   | <div>04/14/2026</div>                                            |
| <div>Signature of actuary</div> <div>MICHAEL SUDDUTH</div>                             | <div>Date</div> <div>23-06248</div>                              |
| <div>Type or print name of actuary</div> <div>MILLIMAN, INC.</div>                     | <div>Most recent enrollment number</div> <div>314-446-5607</div> |
| <div>Firm name</div> <div>500 N. BROADWAY<br/>SUITE 1750<br/>ST. LOUIS, MO 63109</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                         |                                                                  |

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>                         | 51981284                     |
| <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 .....                                                       | 257                               | 24086076                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 178                               | 8764417                      |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 289910                       |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 15201290                     |
| <b>(c)</b> Total active .....                                                                                                       | 320                               | 15491200                     |
| <b>(4)</b> Total .....                                                                                                              | 755                               | 48341693                     |
| <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>                         | %                            |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/01/2025                                                                      | 1800492                           |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 1800492                           | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 0                   |

**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> | 156.9 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>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<br>(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),<br>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:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                          |

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

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

|                                                                                                                                                                         |           |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <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)<br>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 %                                                                                           |
|                                                                                                                                | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | 9P                                                                                                                                              | 9P                                                                                               |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | 9FP                                                                                                                                             | 9FP                                                                                              |
| <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>                                                                                        | 6.0 %                                                                                                                                           |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | 12.8 %                                                                                                                                          |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input checked="" 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>                                                                                     |                                                                                                                                                 |                                                                                                  |
| <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 |
|------------------|---------------------|--------------------------------|
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**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 type="checkbox"/> Yes <input checked="" 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> | 944660 |

**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> | 0                   | 0 |
| <b>9c(2)</b> |                     |   |
| <b>9c(3)</b> |                     |   |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 61403**e** Total charges. Add lines 9a through 9d.....**9e** 1006063**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 24850735**g** Employer contributions. Total from column (b) of line 3.....**9g** 1800492**h** Amortization credits as of valuation date.....**9h** 0 0**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 1668417**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

**9j(1)** 7785303

(2) "RPA '94" override (90% current liability FFL) .....

**9j(2)** 0

(3) FFL credit .....

**9j(3)** 0**k (1)** Waived funding deficiency .....**9k(1)**

(2) Other credits .....

**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 28319644**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 27313581**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

**9o(1)**

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)**

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....

**9o(2)(b)** 0

(3) Total as of valuation date .....

**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☐ Yes ☒ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div>                                         | <div>B</div> <div>Three-digit plan number (PN) ▶</div> <div>001</div>              |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>73-6145795</div> |

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

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

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

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

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

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

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

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

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

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

RBC CAPITAL MARKETS

60 S. 6TH STREET  
MINNEAPOLIS, MN 55402

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 27                  | INVESTMENT ADVISORS                                                                               | 62500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

IMA SELECT LLC

P.O. BOX 2996  
WICHITA, KS 67201

26-3811485

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 27 23               | INSURANCE ADVISOR                                                                                 | 11682                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MORROW AND COMPANY LLC

10500 E. BERKELEY SQ PKWY  
SUITE 205  
WICHITA, KS 67206

48-1142797

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 14750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" 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)

MCAFFEE AND TAFT

211 N. ROBINSON  
10TH FLOOR  
OKLAHOMA CITY, OK 73102

73-0784676

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 29                  | ATTORNEY                                                                                          | 9383                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

COX HOLSTED & DIMICK PLC

3717 NW 63RD STREET  
SUITE 100  
OKLAHOMA CITY, OK 73116

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 13                  | CONTRACT ADMINISTRATOR                                                                            | 15795                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPOWER ANNUITY INSURANCE CO.

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

84-0467907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 175239                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

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

|                                                                                                                                    |                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025                                         |                                                                         |  |
| <div>A Name of plan</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div>                                                | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |  |
|                                                                                                                                    |                                                                         |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>73-6145795</div> |  |

|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                     | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>MFS INTERNATIONAL EQUITY R6</div>  |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>MFS</div>                       |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>2231554</div>  |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>FIDELITY 500 INDEX</div>           |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>FIDELITY INVESTMENTS</div>      |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>17932708</div> |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>FIDELITY MID CAP INDEX</div>       |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>FIDELITY INVESTMENTS</div>      |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>6723879</div>  |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>VANGUARD SMALL CAP INDEX ADM</div> |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>VANGUARD</div>                  |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>4467473</div>  |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>PIMCO INCOME INSTL</div>           |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>PIMCO</div>                     |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>5585968</div>  |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>DODGE &amp; COX INCOME - I</div>   |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>DODGE &amp; COX</div>           |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div> <div>90-0779283-000</div>                                              | <div>d Entity code</div> <div>P</div>                                                                                                                                     | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>5592367</div>  |  |
|                                                                                            |                                                                                                                                                                           |                                                                                                                             |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                         |                                                                                                                                                                           |                                                                                                                             |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                      |                                                                                                                                                                           |                                                                                                                             |  |
| <div>c EIN-PN</div>                                                                        | <div>d Entity code</div>                                                                                                                                                  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |  |

**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)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div>                                         | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>73-6145795</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 12636                 | 636             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <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>                  |                       |                 |
| <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>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <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>                 | 50410114              | 56084949        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 1558621               | 1153776         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <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>    | 11                    | 4               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 51981382              | 57239365        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    | 98                    |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 98                    | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 51981284              | 57239365        |

**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: (A) Employers .....                                 | <b>2a(1)(A)</b> | 1800493    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 1800493   |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                  | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> | 752362     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 752362    |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> | 308478     |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 4908504   |
| (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> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 621       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 7770458   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2189160 |         |
| (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>  |         | 2189160 |
| <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>  | 237739  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (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> | 85478   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 323217  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 2512377 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 5258081 |
| <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: **MORROW & CO., LLC CPAS**

(2) EIN: **48-1142797**

**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.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <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.) |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     |                                     |         |
| <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.                                                                                                                        |                                     |                                     |         |

**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 601785.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>73-6145795                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               | 0   |
| 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):<br>EIN(s): 04-1590850                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | 3                                                                                               | 0   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

**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 **UNITED MECHANICAL**

**b** EIN **73-0996242**

**c** Dollar amount contributed by employer **263366**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **MATHERLY MECHANICAL**

**b** EIN **73-0771855**

**c** Dollar amount contributed by employer **233634**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **HARRISON ORR AIR CONDITIONING**

**b** EIN **73-0996242**

**c** Dollar amount contributed by employer **212701**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **ALLSTATE SHEET METAL**

**b** EIN **73-1168645**

**c** Dollar amount contributed by employer **100510**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **ACP SHEET METAL CO., INC.**

**b** EIN **73-1034890**

**c** Dollar amount contributed by employer **147751**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **T&T INDUSTRIAL**

**b** EIN **81-4924535**

**c** Dollar amount contributed by employer **96167**

**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 **2027**

**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) **3.20**

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

**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 **MID-CONTINENT GROUP LLC**

**b** EIN **81-2758167**

**c** Dollar amount contributed by employer **89853**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **TRADE MECHANICAL CONTRACTORS, INC.**

**b** EIN **73-1388040**

**c** Dollar amount contributed by employer **129262**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer **1902 METAL WORKS**

**b** EIN **88-3483620**

**c** Dollar amount contributed by employer **177624**

**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 **2027**

**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) **3.20**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

0

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

0

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

0

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN  
JUNE 30, 2025 AND 2024**

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All other supplementary schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

**INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN  
Oklahoma City, OK

**Report on the Financial Statements*****Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements***

We have performed an audit of the accompanying financial statements of Sheet Metal Workers Local No. 124 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits - modified cash basis as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Sheet Metal Workers Local No. 124 Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions (Empower Annuity Insurance Company of America and Empower Trust Company, on behalf of Massachusetts Mutual Life Insurance Company) as of and for the years ended June 30, 2025 and 2024 stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***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 Sheet Metal Workers Local No. 124 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Emphasis of Matter - Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Sheet Metal Workers Local No. 124 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sheet Metal Workers Local No. 124 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers Local No. 124 Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

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.

### ***Other Matters***

#### ***Supplemental Schedules Required by ERISA***

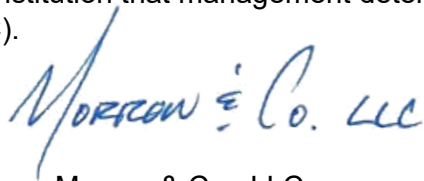
The supplemental schedules listed in the table of contents are for purposes of additional analysis and are not a required part of the financial statements but are supplementary information, some of which is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Morrow & Co., LLC  
Wichita, Kansas

April 13, 2026

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR**  
**BENEFITS - MODIFIED CASH BASIS**  
**JUNE 30, 2025 AND 2024**

|                                          |               | <u>2025</u>                 | <u>2024</u>                 |
|------------------------------------------|---------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |               |                             |                             |
| Investments                              |               |                             |                             |
| at Fair Value                            | <i>Note 8</i> | \$ 56,084,949               | \$ 50,410,114               |
| at Contract Value                        | <i>Note 9</i> | <u>1,153,776</u>            | <u>1,558,621</u>            |
| Total Investments                        |               | <u>57,238,725</u>           | <u>51,968,735</u>           |
| Property and Equipment                   |               |                             |                             |
| Furniture & Equipment                    |               | 2,508                       | 2,076                       |
| Less: Accumulated Depreciation           |               | <u>(2,504)</u>              | <u>(2,065)</u>              |
| Net Property and Equipment               |               | <u>4</u>                    | <u>11</u>                   |
| Cash (non-interest bearing)              |               | <u>636</u>                  | <u>12,636</u>               |
| Total Assets                             |               | <u>57,239,365</u>           | <u>51,981,382</u>           |
| <b>LIABILITIES</b>                       |               |                             |                             |
| Reciprocal Payable                       |               | <u>-</u>                    | <u>98</u>                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> |               | <u><u>\$ 57,239,365</u></u> | <u><u>\$ 51,981,284</u></u> |

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

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR**  
**BENEFITS - MODIFIED CASH BASIS**  
**JUNE 30, 2025 AND 2024**

|                                                                 | <u>2025</u>                 | <u>2024</u>                 |
|-----------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS</b>                                                |                             |                             |
| Investment Income:                                              |                             |                             |
| Net Appreciation (Depreciation) in Fair Value of Investments \$ | 4,908,504                   | \$ 4,931,250                |
| Realized Gains (Losses)                                         | 308,478                     | 810,784                     |
| Interest and Dividends                                          | <u>752,362</u>              | <u>258,969</u>              |
| Gross Investment Income                                         | 5,969,344                   | 6,001,003                   |
| Less Investment Expenses                                        | <u>237,739</u>              | <u>124,091</u>              |
| Net Investment Income                                           | 5,731,605                   | 5,876,912                   |
| Employer Contributions                                          | 1,800,493                   | 1,734,890                   |
| Penalty Income                                                  | <u>621</u>                  | <u>-</u>                    |
| <b>Total Additions</b>                                          | <u>7,532,719</u>            | <u>7,611,802</u>            |
| <b>DEDUCTIONS</b>                                               |                             |                             |
| Benefits Paid                                                   | 2,189,160                   | 2,092,561                   |
| Administrative Expenses                                         | <u>85,478</u>               | <u>89,001</u>               |
| <b>Total Deductions</b>                                         | <u>2,274,638</u>            | <u>2,181,562</u>            |
| <b>NET INCREASE</b>                                             | 5,258,081                   | 5,430,240                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                        |                             |                             |
| Beginning of Year                                               | <u>51,981,284</u>           | <u>46,551,044</u>           |
| End of Year                                                     | <u><u>\$ 57,239,365</u></u> | <u><u>\$ 51,981,284</u></u> |

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

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Sheet Metal Workers Local No. 124 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

*Administration*

The Plan was established March 1, 1972 and has been subsequently amended to comply with changes in tax law. The Plan is a noncontributory defined benefit plan that is sponsored by the Joint Board of Trustees (Trustees) of the Sheet Metal Workers Local No. 124 Pension Plan pursuant to a collective bargaining agreement between the Sheet Metal Workers Local No. 124 and the Sheet Metal Contractors Association of Oklahoma. Benefits are provided to qualifying union employees of employers that have agreed to be bound by the collective bargaining agreement. Employees who are elected officials of Local No. 124 are also eligible immediately upon employment. However, participation is not effective until the first day of the month that is coincident with or immediately following the date of eligibility.

The Plan participates in the Sheet Metal International Association Master Reciprocal Agreement for sheet metal workers' pension funds. The agreement is designed to meet the needs of employees in protecting their pension rights when they work under the jurisdiction of two or more pension funds. Accordingly, pro rata pension benefits are provided for employees who otherwise lack sufficient service credit to be eligible for any pension because their years of employment were divided by two or more participating employers or, if eligible, whose pensions would be less because of such division of employment.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A governmental agency known as the Pension Benefit Guaranty Corporation (PBGC) insures the benefits payable under the Plan. The PBGC insures most benefits if the Plan terminates without sufficient assets to pay all benefits. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The Trustees are the Plan Sponsor and are made up of three representatives of participating employers and three representatives of Sheet Metal Workers Local No. 124. The Trustees have designated an individual, who is not a Trustee, to assist the Trustees with the duties of the Plan Sponsor. The Plan has in place a \$1,000,000 fidelity bond.

*Pension Benefits*

*Past Service Benefit*

Participants can earn benefit credits, which are the sum of the past service benefit credits and future service benefit credits. Past service benefit credits are received for years of service prior to July 1, 1969. A participant receives 1/2 credit for each year of a participant's last period of continuous membership and good standing in Local No. 124 prior to July 1, 1969.

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1. DESCRIPTION OF THE PLAN (Continued)**

*Pension Benefits (Continued)*

*Future Service Benefit*

A participant receives future benefit credits based on the hours worked in covered employment during each plan year as shown in the following table:

| Hours Worked                    | Credits Received |
|---------------------------------|------------------|
| 2,400 hours or more             | 1.50             |
| 2,000 hours but less than 2,400 | 1.25             |
| 1,600 hours but less than 2,000 | 1.00             |
| 1,200 hours but less than 1,600 | 0.80             |
| 800 hours but less than 1,200   | 0.50             |
| 400 hours but less than 800     | 0.25             |
| Less than 400 hours             | 0.00             |

Effective July 1, 2021, the value of each benefit credit (called a benefit multiplier) is provided in tables, each covering specific time periods after June 30, 1969.

The Plan defines normal retirement date to be the first day of the month that coincides with or that next follows the date when the participant attains age 65. The Plan permits early retirement if the participant is at least age 55 and has accrued at least ten benefit credits or ten years of service. If the participant leaves covered employment after completing the benefit credits or years of service requirement but not the age requirement, the participant may elect to receive a monthly benefit upon satisfying the age requirement. The normal annuity amount under early retirement is the normal retirement benefit reduced by one half of one percent for each full calendar month between the participant's early retirement and normal retirement dates.

A participant may elect to postpone receipt of benefits to a deferred retirement date if employment continues beyond the participant's normal retirement date. The normal annuity amount under deferred retirement is the normal retirement benefit actuarially increased to reflect the participant's older age and increased by any additional benefit credits earned from the normal retirement date to the deferred retirement date.

Certain minimum distributions must begin no later than April 1 following the close of the calendar year in which the participant attains age 73.

The "normal form" of annuity payment provides for monthly payments during a participant's lifetime and, if a participant should die before receiving 60 monthly payments, payments will continue to the participant's beneficiary until the balance of the 60 payments have been paid or the computed value of the monthly payments have been paid to the participant's beneficiary.

Unless waived by the spouse or the participant, a married participant's annuity must be in the form of a qualified joint and survivor annuity. This form of annuity pays a monthly benefit for a participant's lifetime and a monthly benefit equal to 50% of a participant's benefit to the surviving spouse.

Unmarried participants and married participants whose spouses have waived the qualified joint and survivor form of payment may elect any of the following optional forms of payment:

1. Life Annuity - monthly payments payable during a participant's lifetime.
2. Life Annuity with Term Certain - monthly payments payable during a participant's lifetime with a stipulated minimum number of payments.

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1. DESCRIPTION OF THE PLAN (Continued)**

Pension Benefits (Continued)

3. Joint and Survivor Annuity - monthly payments during a participant's lifetime with payments continued to the survivor upon the participant's death. At the participant's election, the survivor's benefit is either 50%, 67%, 75%, or 100% of the normal monthly annuity paid during the participant's lifetime.

Death and Disability Benefits

A death benefit is payable from the Plan to the beneficiaries of participants that die before starting to receive a monthly pension or a single sum payment due to the termination of employment. Surviving spouses of participants that were married during the one-year period preceding death are entitled to receive a pre-retirement survivor annuity. If the present value of a pre-retirement survivor annuity is not greater than \$5,000, the Plan will make the distribution in a lump sum. However, if the amount exceeds \$5,000, the calculated monthly benefit amount is based on whether death occurred before or after the deceased participant was entitled to an early retirement pension. If death occurs on or after the date a participant begins to receive a monthly benefit, the death benefit is determined under the provision of the annuity arrangement elected.

The Plan provides for an order of distribution in cases where a beneficiary was not designated. A lump sum death benefit equal to 50% of the actual contributions made on behalf of a participant prior to death (up to a maximum of \$2,000) is available to beneficiaries of unmarried participants that do not qualify for a pre-retirement survivor annuity.

A participant is eligible to receive a disability benefit from the Plan provided the Social Security Administration has determined that the participant is eligible is entitled to receive a Social Security disability benefit. If the participant has accumulated less than five full future service benefit credits, a lump sum disability payment equal to \$30 times each 1/4 credit of full future service benefit credits will be made .

A participant that has accumulated at least 5 full future service benefit credits will receive a monthly disability benefit equal to the monthly benefit of normal retirement accrued to date actuarially, reduced to the benefit that the participant would be entitled to receive at early retirement. The disability pension benefit terminates on the earlier of:

1. The date a participant ceases to be entitled to benefits under the Social Security Act;
2. Date of death;
3. The normal retirement date, or if elected, the early retirement date; or
4. The Plans' termination date.

If the disability benefit terminates on the participant's normal retirement date, the participant is entitled to a normal annuity equal to the amount of benefits accrued at the normal retirement date.

Vesting

Participants have a non-forfeitable or vested right to receive a pension benefit at normal retirement based on the following schedule:

| Future Service Benefit Credits Received | Vested Percentage in Total Benefits |
|-----------------------------------------|-------------------------------------|
| Less than 5 full credits                | 0%                                  |
| 5 full credits or more                  | 100%                                |

Service credits earned before age 18 are excluded in calculating a participant's vested percentage.

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1. DESCRIPTION OF THE PLAN (Continued)**

If the participant leaves covered employment and incurs 5 consecutive "breaks in service" (a plan year in which a participant receives credit for less than 400 hours of service), credit(s) for prior years of vesting are lost.

If a participant's vested percentage is less than 100% when normal retirement age is reached and the participant is working in covered employment, the Plan provides for an automatic increase in the participant's percentage to 100%.

**Forfeitures**

Any Funds made available because of the forfeiture by any Employee of a benefit to which he might otherwise have been entitled will be used only to provide other benefits under the Plan. No Employee will thereby receive more than their benefit accrued in accordance with the Plan.

No forfeitures were used to reduce employer contributions in 2025 and 2024. Forfeitures are used to fund administrative expenses. The Plan did not experience forfeitures for the year ended June 30, 2025 and 2024.

**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 risks 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 statement 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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation 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 2. SUMMARY OF ACCOUNTING POLICIES**

**Modified Cash Basis of Accounting**

These financial statements are presented on a modified cash basis of accounting under which income and contributions are recognized when received rather than when earned. Therefore, accrued income, which would be recognized under generally accepted accounting principles and may be material in amount, is not recognized in the accompanying financial statements. Expenses are recognized when paid, with the exception of reciprocals payable.

**Cash and Cash Equivalents**

The Plan considers cash on deposit with banks and interest-bearing investments subject to immediate withdrawal as cash for financial reporting purposes. Cash equivalents include investments in money market instruments with an original maturity of three months or less.

**Valuation of Investments**

Investments are valued at market value as determined and certified by the Custodians, or at contract value if that is the relevant measure for transactions with Plan participants.

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)**

*Property, Equipment, and Depreciation*

Property and equipment are carried at cost at the date of acquisition or fair value at the date of donation in the case of gifts. Depreciation on property and equipment is provided under accelerated methods at rates calculated to expense the carrying amounts of the assets over periods allowed by the IRS. The IRS allowable useful life for property and equipment is 5-7 years.

*Property, Equipment, and Depreciation (Continued)*

Upon disposition of property or equipment, amounts are removed from the asset accounts, the depreciation schedule and accumulated depreciation accounts and any resulting gain or loss is reflected in the statement of changes in net assets available for benefits - modified cash basis.

Maintenance and repairs are charged to expense and the cost of improvements which extend an asset's useful life are charged to the appropriate asset accounts.

*Benefits and Administrative Expenses*

Disbursements for benefits and expenses included in the financial statements are those recorded by the Custodians for the Trust. Brokerage fees for investment trades are generally reflected as a reduction of investment income.

*Payment of Benefits*

Benefit payments to participants and beneficiaries are recorded upon distribution. The Plan has contracted with Empower Retirement to make benefit payments as directed by the Plan Administrator.

*Actuarial Present Value of Accumulated Plan Benefits*

See Note 5 for information on the Plan's funding status. See Note 6 for information on the Plan's actuarial present value of accumulated plan benefits.

Accumulated plan benefits are those future benefit payments attributable under the Plan's provision for employees' service rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on past and future service benefit credits earned by employees. Benefits payable under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary using the credit cost method, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date (July 1, following the end of each year) and the expected payment dates.

The significant actuarial assumptions used in determining accumulated plan benefits as of July 1, 2025 and 2024 are as follows:

|                   |                                                                                                                |
|-------------------|----------------------------------------------------------------------------------------------------------------|
| Investment Return | 6.50%                                                                                                          |
| Mortality         | Pri-2012 Mortality Table for Annuitants, Blue Collar, Fully Generational, with IRS 2024 Adjusted Scale MP-2021 |
| Retirement        | 65 or age on valuation date, if greater                                                                        |

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)**

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

Reclassifications

Certain prior year amounts have been reclassified to conform with the current year presentation.

**NOTE 3. FUNDING POLICY**

The collective bargaining agreement between the Sheet Metal Workers Local No. 24 and the Sheet Metal Contractors Association of Oklahoma specifies the amount that participating employers shall contribute to the Plan. As of July 1, 2025, and 2024, employers contributed \$3.20 for each labor hour worked. The Plan's actuary has determined that contributions are sufficient to meet the minimum funding requirement of ERISA.

**NOTE 4. PLAN TERMINATION**

Although they have not expressed any intention to do so, the Trustees have the right to terminate the Plan, subject to the provisions set forth in ERISA, by amendment or withdrawal by the employers. The Plan may also be terminated through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC).

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by the Multi-Employer Act and its related regulations. Generally, a participant affected by the termination of the Plan will be fully vested in their accrued benefits to the extent 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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit 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.

In addition, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 level of benefits guaranteed by the PBGC.

**NOTE 5. FUNDING STATUS**

The Pension Protection Act of 2006 (PPA) contained many changes to the funding rules for retirement plans. The PPA requires that the Plan's actuary certify the Plans funded status each year and indicate if the Plan is in "endangered" or "critical" status. The actuary must also forecast the Plan's funding standard account (credit balance) for seven years to determine if a funding deficiency is imminent.

A plan is considered "endangered" if either the funding percentage drops below 80% OR if a funding deficiency is anticipated within the next seven years. The actuarial (PPA) funded percentage is 166.1% and 156.9% as of July 1, 2025 and 2024, respectively.

The Plan's actuary has determined that no funding deficiency is anticipated within the next seven years and the plan is not considered "endangered" or "critical".

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Vested and non-vested accumulated plan benefits were computed as of April 1, 2025 and 2024, using a number of actuarial assumptions, among them being the use of the RP-2021 Mortality Tables, an interest rate of 6.5% for 2025 and 2024, and a weighted average retirement age between 55 and 65.

The actuarial present value of accumulated plan benefits as of July 1, 2025 and 2024 are as follows:

|                                                               | 2025                 | 2024                 |
|---------------------------------------------------------------|----------------------|----------------------|
| Vested Benefits                                               |                      |                      |
| Participants currently receiving benefits                     | \$ 18,876,608        | \$ 18,666,885        |
| Other participants                                            | 14,297,835           | 14,138,983           |
| Total vested benefits                                         | 33,174,443           | 32,805,868           |
| Non-vested benefits                                           | 113,479              | 115,950              |
| Total Actuarial Present Value of<br>Accumulated Plan Benefits | <u>\$ 33,287,922</u> | <u>\$ 32,921,818</u> |

The entire balance of the present value of accumulated benefits at July 1, 2025 and 2024 represents benefit accumulations since the Plan's inception. The actuarially computed vested benefits is less than net assets available for benefits by \$23,951,443 and \$19,059,466 as of June 30, 2025 and 2024, respectively.

The total actuarial present value of accumulated plan benefits changed from last year as follows:

|                                                                                   |                      |
|-----------------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits, July 1, 2024                | \$ 32,921,818        |
| Increase (decrease) during the year attributable to:                              |                      |
| Increase (reduction) for interest due to decrease/increase in the discount period | 2,069,891            |
| Actuarial (gain) / loss                                                           | 303,616              |
| Accumulation of benefits (net of actuarial experience)                            | 181,757              |
| Benefits paid                                                                     | <u>(2,189,160)</u>   |
| Actuarial present value of accumulated plan benefits, July 1, 2025                | <u>\$ 33,287,922</u> |

**NOTE 7. CERTIFICATION BY FUND CUSTODIAN (UNAUDITED)**

The Plan's investments are certified by Empower Trust Company, LLC and Empower Annuity Insurance Company on behalf of Massachusetts Mutual Life Insurance Company (the Custodians). The Custodians have certified the following investment information:

- Investments as shown in the statements of net assets available for benefits - modified cash basis
- Investment income as shown in the statements of changes in net assets - modified cash basis
- Investment information included in the accompanying schedule of assets held at end of year

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 7. CERTIFICATION BY FUND CUSTODIAN (UNAUDITED) (Continued)**

| Investments:                                                 | 2025                 | 2024                 |
|--------------------------------------------------------------|----------------------|----------------------|
| Money Market Funds                                           |                      |                      |
| MassMutual US Govt Mny Mkt R5                                | \$ 131,744           | \$ 126,367           |
| Mutual Funds                                                 |                      |                      |
| Allspring Core Plus Bond R6                                  | 5,589,562            | 5,026,273            |
| Pimco Stockplus Intl (YSD-Hedged) Inst                       | 2,222,393            | 2,010,509            |
| Thornburg Strategic Income R6                                | 5,607,301            | 5,047,288            |
| Pooled Separate Account Investments                          |                      |                      |
| Dodge & Cox Income                                           | 5,592,367            | 5,026,273            |
| Fidelity 500 Index                                           | 17,932,708           | 16,084,075           |
| Fidelity Mid Cap Index                                       | 6,723,879            | 6,031,528            |
| MFS International Equity R6                                  | 2,231,554            | 2,010,509            |
| Pimco Income Instl                                           | 5,585,968            | 5,026,273            |
| Vanguard Small Cap Index Adm                                 | 4,467,473            | 4,021,019            |
| Guaranteed Investment Contract                               |                      |                      |
| MassMutual Guaranteed Investment Account                     | 1,153,776            | 1,558,621            |
| Investments certified by Custodian                           | <u>\$ 57,238,725</u> | <u>\$ 51,968,735</u> |
| Net appreciation (depreciation) in fair value of investments | \$ 4,908,504         | \$ 4,931,250         |
| Realized gains (losses)                                      | 308,478              | 810,784              |
| Interest and dividends                                       | <u>752,362</u>       | <u>258,969</u>       |
| Gross Investment Income                                      | <u>\$ 5,969,344</u>  | <u>\$ 6,001,003</u>  |

**NOTE 8. 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 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 inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

(continued)

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 8. FAIR VALUE MEASUREMENTS (Continued)**

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.

*Money market funds*

Fair value is determined using the amortized cost valuation method which approximates the fair value of the underlying net assets of the fund.

*Mutual funds*

Valued at the closing price reported on the active market on which the mutual funds are traded.

*Pooled Separate Investment Accounts (a)*

Fair value is measured using unit value calculated from the net assets of the underlying pool of securities.

*Guaranteed Investment Contract (a)*

Valued based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. See Note 9.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 at fair value as of June 30, 2025 and 2024.

| Assets at Fair Value as of June 30, 2025   |                   |                |          |                      |
|--------------------------------------------|-------------------|----------------|----------|----------------------|
|                                            | Level 1           | Level 2        | Level 3  | Total                |
| Money market funds                         | \$ -              | \$ 131,744     | \$ -     | \$ 131,744           |
| Mutual funds                               | 13,419,256        | -              | -        | 13,419,256           |
|                                            | <u>13,419,256</u> | <u>131,744</u> | <u>-</u> | <u>13,551,000</u>    |
| Investments measured at contract value (a) |                   |                |          | <u>43,687,725</u>    |
|                                            |                   |                |          | <u>\$ 57,238,725</u> |

| Assets at Fair Value as of June 30, 2024   |                   |                |          |                      |
|--------------------------------------------|-------------------|----------------|----------|----------------------|
|                                            | Level 1           | Level 2        | Level 3  | Total                |
| Money market funds                         | \$ -              | \$ 126,367     | \$ -     | \$ 126,367           |
| Mutual funds                               | 12,084,070        | -              | -        | 12,084,070           |
|                                            | <u>12,084,070</u> | <u>126,367</u> | <u>-</u> | <u>12,210,437</u>    |
| Investments measured at contract value (a) |                   |                |          | <u>39,758,298</u>    |
|                                            |                   |                |          | <u>\$ 51,968,735</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at contract value per share (or its equivalent) have not been classified in the fair value hierarchy. The contract 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 - modified cash basis.

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 9. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan has a Guaranteed Investment Contract (GIA) which is a benefit-responsive investment contract with MassMutual (held by Empower). Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The contract is included in the financial statements at contract value as reported to the Plan by Empower. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measure attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract is deemed to be fully benefit responsive, meaning the relevant measure of the contract is its contract value. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

In no event will the guaranteed rate be less than the minimum guaranteed rate, which will be no less than 1% or more than 3%, as determined by a formula in the contract with the Plan sponsor.

**NOTE 10. TAX STATUS**

The Plan obtained its latest determination letter dated August 21, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan management and Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**NOTE 11. CONCENTRATION OF RISK**

The Plan's employer contributions are received from construction contractors located in Oklahoma. For the years ended June 30, 2025 and 2024, a group of four contractors represented over 49% and 51% of total employer contributions, respectively.

**NOTE 12. PARTY-IN-INTEREST TRANSACTIONS**

Plan investments are managed by Empower Retirement, who is the custodian of Plan assets. Therefore, transactions in these shares qualify as party-in-interest transactions.

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 13. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through April 13, 2026, the date on which the financial statements were available to be issued, noting the following event requiring disclosure.

Since the last Plan restatement, seven amendments have been made to the Plan document. The Trustees authorized a complete restatement of the Plan document to incorporate these amendments, as well as other clarifying modifications.

Inquiries were made of management and the board as well as a review of minutes of board meetings which were held subsequent to 6/30/2025. It was noted that the proposed merger of Cox, Holsted, and Dimick, P.C. (CHD) was not completed. Subsequent to the merger decision, the Sheet Metal Workers' external accounting functions transitioned to Baldwin & Vandenberg, P.C. (B&V). The Trust has the option to engage B&V to perform certain administrative services; however, no decision has been made by the Board of Trustees as of the date of this report.

**NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500**

As of June 30, 2025 and 2024, there are no differences between the Form 5500 and the audited financials with the exception of minor reclassifications of certain expenses.

## SUPPLEMENTARY INFORMATION

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**SCHEDULE OF INVESTMENT AND ADMINISTRATIVE EXPENSES - MODIFIED CASH BASIS**  
**June 30, 2025 AND 2024**

|                           | <u>2025</u>       | <u>2024</u>       |
|---------------------------|-------------------|-------------------|
| INVESTMENT EXPENSES:      |                   |                   |
| Investment Advisor Fees   |                   |                   |
| RBC                       | \$ 62,500         | \$ 45,856         |
| Custody Fees              |                   |                   |
| Empower                   | <u>175,239</u>    | <u>78,235</u>     |
| TOTAL INVESTMENT EXPENSES | <u>\$ 237,739</u> | <u>\$ 124,091</u> |
| ADMINISTRATIVE EXPENSES:  |                   |                   |
| Administrative Fees       | \$ 15,795         | \$ 14,260         |
| Legal and Audit           | 26,268            | 32,984            |
| Insurance                 | 12,760            | 11,824            |
| Computer and Software     | 1,276             | 3,082             |
| PBGC                      | 27,935            | 26,075            |
| Office                    | 1,004             | 674               |
| Depreciation              | 439               | 21                |
| Bank Charges              | <u>1</u>          | <u>81</u>         |
|                           | <u>\$ 85,478</u>  | <u>\$ 89,001</u>  |

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**EIN 73-6145795 PLAN #001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (UNAUDITED)**  
**(HELD AT END OF YEAR)**  
**June 30, 2025**

\* Denotes party-in-interest

| (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    |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | PIMCO StocksPLUS Intl (USD-Hedged) Inst                   | Mutual fund, 249,147.23 shares                                                                              | \$ 2,200,533         | \$ 2,222,393         |
|     | Thornburg Strategic Income R6                             | Mutual fund, 485,901.32 shares                                                                              | 5,536,679            | 5,607,301            |
|     | Allspring Core Plus Bond R6                               | Mutual fund, 496,408.66 shares                                                                              | 5,574,333            | 5,589,562            |
|     | MassMutual US Govt Mny Mkt R5                             | Forfeiture, 131,744                                                                                         | 118,462              | 131,744              |
|     | MFS International Equity R6                               | Pooled separate, 12,210.03 shares                                                                           | 1,714,959            | 2,231,554            |
|     | Vanguard Small Cap Index Adm                              | Pooled separate, 18,387.86 shares                                                                           | 3,670,701            | 4,467,473            |
|     | Fidelity Mid Cap Index                                    | Pooled separate, 35,520.04 shares                                                                           | 5,179,720            | 6,723,879            |
|     | Fidelity 500 Index                                        | Pooled separate, 72,877.54 shares                                                                           | 12,740,257           | 17,932,708           |
|     | Dodge & Cox Income                                        | Pooled separate, 36,056.69 shares                                                                           | 5,034,530            | 5,592,367            |
|     | Pimco Income Instl                                        | Pooled separate, 42,148.01 shares                                                                           | 3,362,110            | 5,585,968            |
| *   | Experience Fund                                           | Guaranteed investment, Guaranteed investment contract                                                       | 1,153,776            | 1,153,776            |
|     |                                                           |                                                                                                             | <u>\$ 46,286,060</u> | <u>\$ 57,238,725</u> |

See the independent auditors' report.

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**EIN 48-6178607 PLAN #001**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (UNAUDITED)**  
**June 30, 2025**

| (a) Identity of<br>party involved | (b) Units | Description Of Asset                          | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost of<br>Asset   | (h) Current Value<br>of Asset<br>on Transaction<br>Date | (i) Net<br>Gain<br>(Loss) |
|-----------------------------------|-----------|-----------------------------------------------|-----------------------|----------------------|------------------------|---------------------------------------------------------|---------------------------|
|                                   | -         | * Experience Fund<br>(Series of transactions) | 2,071,610<br>-        | -<br>2,476,455       | 2,071,610<br>2,476,455 | 2,071,610<br>2,476,455                                  | N/A<br>-                  |
|                                   |           | * Unaudited                                   |                       |                      |                        |                                                         |                           |

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**EIN 73-6145795 PLAN #001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (UNAUDITED)**  
**(HELD AT END OF YEAR)**  
**June 30, 2025**

\* Denotes party-in-interest

| (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    |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | PIMCO StocksPLUS Intl (USD-Hedged) Inst                   | Mutual fund, 249,147.23 shares                                                                              | \$ 2,200,533         | \$ 2,222,393         |
|     | Thornburg Strategic Income R6                             | Mutual fund, 485,901.32 shares                                                                              | 5,536,679            | 5,607,301            |
|     | Allspring Core Plus Bond R6                               | Mutual fund, 496,408.66 shares                                                                              | 5,574,333            | 5,589,562            |
|     | MassMutual US Govt Mny Mkt R5                             | Forfeiture, 131,744                                                                                         | 118,462              | 131,744              |
|     | MFS International Equity R6                               | Pooled separate, 12,210.03 shares                                                                           | 1,714,959            | 2,231,554            |
|     | Vanguard Small Cap Index Adm                              | Pooled separate, 18,387.86 shares                                                                           | 3,670,701            | 4,467,473            |
|     | Fidelity Mid Cap Index                                    | Pooled separate, 35,520.04 shares                                                                           | 5,179,720            | 6,723,879            |
|     | Fidelity 500 Index                                        | Pooled separate, 72,877.54 shares                                                                           | 12,740,257           | 17,932,708           |
|     | Dodge & Cox Income                                        | Pooled separate, 36,056.69 shares                                                                           | 5,034,530            | 5,592,367            |
|     | Pimco Income Instl                                        | Pooled separate, 42,148.01 shares                                                                           | 3,362,110            | 5,585,968            |
| *   | Experience Fund                                           | Guaranteed investment, Guaranteed investment contract                                                       | 1,153,776            | 1,153,776            |
|     |                                                           |                                                                                                             | <u>\$ 46,286,060</u> | <u>\$ 57,238,725</u> |

See the independent auditors' report.

**SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN**  
**EIN 48-6178607 PLAN #001**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (UNAUDITED)**  
**June 30, 2025**

| (a) Identity of<br>party involved | (b) Units | Description Of Asset                          | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost of<br>Asset   | (h) Current Value<br>of Asset<br>on Transaction<br>Date | (i) Net<br>Gain<br>(Loss) |
|-----------------------------------|-----------|-----------------------------------------------|-----------------------|----------------------|------------------------|---------------------------------------------------------|---------------------------|
|                                   | -         | * Experience Fund<br>(Series of transactions) | 2,071,610<br>-        | -<br>2,476,455       | 2,071,610<br>2,476,455 | 2,071,610<br>2,476,455                                  | N/A<br>-                  |
|                                   |           | * Unaudited                                   |                       |                      |                        |                                                         |                           |

**Attachment to 2024 Schedule MB to Form 5500, Line 26**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

**Schedule of Active Participant Data**

| Age          | Years of Credited Service |     |     |       |       |       |       |       |       |     | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
|              | 0                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |       |
| <b>0-24</b>  | 15                        | 13  | 2   | -     | -     | -     | -     | -     | -     | -   | 30    |
| <b>25-29</b> | 3                         | 19  | 8   | 1     | -     | -     | -     | -     | -     | -   | 31    |
| <b>30-34</b> | 7                         | 6   | 23  | 2     | 3     | -     | -     | -     | -     | -   | 41    |
| <b>35-39</b> | 3                         | 12  | 5   | 7     | 8     | 2     | -     | -     | -     | -   | 37    |
| <b>40-44</b> | 7                         | 5   | 5   | 7     | 5     | 8     | 2     | -     | -     | -   | 39    |
| <b>45-49</b> | 5                         | 4   | 7   | 3     | 8     | 4     | 5     | 2     | -     | -   | 38    |
| <b>50-54</b> | 4                         | 4   | 4   | 3     | 2     | 5     | 6     | 4     | 2     | -   | 34    |
| <b>55-59</b> | 1                         | 3   | 1   | 5     | 7     | 2     | 8     | 6     | 2     | -   | 35    |
| <b>60-64</b> | -                         | 1   | 4   | 3     | 2     | 4     | 7     | 9     | 3     | 1   | 34    |
| <b>65-69</b> | 1                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | 1     |
| <b>70+</b>   | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| <b>Total</b> | 46                        | 67  | 59  | 31    | 35    | 25    | 28    | 21    | 7     | 1   | 320   |

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

**Appendix C – Summary of Principal Plan Provisions**

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

**Definitions**

**Plan:** Sheet Metal Workers Local No. 124 Pension Plan (EIN: 73-6145795, PN: 001)

**Effective Date:** July 1, 1969

**Plan Year:** July 1 through June 30

**Employer:** An employer who now has or may hereafter have a Collective Bargaining Agreement in effect with the Union requiring payments to Sheet Metal Workers Local No. 124, Pension trust Fund and any other Employer who, with the consent of the Trustees, shall make like payments or Contributions to said Plan, all for the purpose hereinafter provided.

**Employee:** Members in good standing in Local No. 124 of Sheet Metal Workers International Association and on whose behalf Contributions are made to the Fund, including all salaried Employees of Local No. 124 of Sheet Metal Workers International Association for whom such Local Unions shall make Contributions to this Fund.

**Service:** The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

**Benefit Credits:**

"Past Service Benefit Credits" shall mean one-half (1/2) credit for each Year of Service multiplied by the number of years of membership in Local No. 124 prior to July 1, 1969.

"Future Service Benefit Credits" shall mean the number of years credited to an Employee for his service in Covered Employment on or after July 1, 1969. An Employee who works in Covered Employment during any Plan Year will receive Future Service benefit Credits during that Plan year in accordance with the following table:

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

| Hours Worked              | Credits |
|---------------------------|---------|
| 2,400 or more             | 1.50    |
| 2,000 but less than 2,400 | 1.25    |
| 1,600 but less than 2,000 | 1.00    |
| 1,200 but less than 1,600 | 0.80    |
| 800 but less than 1,200   | 0.50    |
| 400 but less than 800     | 0.25    |
| Less than 400             | 0.00    |

### Eligibility for Participation

An Employee will be eligible on the date on which he is classified as being in Covered employment. Participation will become effective as of the first day of the month that is coincident with or immediately following his date of eligibility.

### Normal Retirement

**Normal Retirement Date:** The first day of the calendar month coincident with or next following the date on which he attains the age of 65.

**Normal Retirement Benefit:** Effective for terminations on or after July 1, 2023, \$48.00 per Benefit Credit accrued prior to July 1, 2000, plus \$38.00 per Benefit Credit accrued between July 1, 2000 and June 30, 2023, plus \$13.50 per Benefit Credit accrued on and after July 1, 2023.

### Early Retirement

**Early Retirement Date:** After attaining age 55 and accruing either 10 years of Full Benefit Credits or 10 Years of Service, a Participant may elect early retirement on the first day of any calendar month following the termination of Service.

**Early Retirement Benefit:** Accrued benefit reduced by  $\frac{1}{2}$  of one percent for each month Early Retirement Date precedes Normal Retirement Date.

### Disability Retirement

**Disability Retirement Date:** The first day of the month with respect to which the Participant's Social Security disability becomes payable.

**Disability Retirement Benefit:** If a Participant has accumulated less than five Full Future Service Credits, a lump sum disability payment equal to \$30.00 times each  $\frac{1}{4}$  credit of Benefit Service Credit. If a Participant has accumulated five Full Future Benefit Service Credits, a monthly benefit equal to the benefit accrued to the date of disability actuarially reduced to the amount he would be entitled to receive at Early Retirement Date.

The full accrued benefit is payable when the Participant attains Normal Retirement Age.

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

**Termination Benefit**

A Participant who has five (5) Full Credits has a nonforfeitable right to 100% of his or her Accrued Benefit.

**Death Benefits**

**Pre-Retirement Death Benefit:** For Death of Participants during the period when eligible for a vested benefit, a benefit payable to surviving spouse equal to 50% of the amount which would have been payable to the Participant under an actuarially equivalent Joint & Survivor Annuity beginning on the day the Participant would have been first eligible to retire. Prior to eligibility for a vested benefit, a lump sum benefit payable equal to one-half of the actual contributions made on a Participant's behalf, to a maximum of \$2,000.

**Post-Retirement Death Benefit:** None except as provided by the annuity form elected.

**Forms of Pension Payment**

**Normal Form:** Annuity payable for life with 60 monthly payments guaranteed.

**Optional Forms:** Life Annuity, Joint and Survivor Annuity, and Life Annuity with 120 monthly payments guaranteed.

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

## **Appendix B – Summary of Actuarial Assumptions**

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been prescribed by statute and regulation or selected to reasonably anticipate future experience with respect to these variables. For nonprescribed assumptions, we monitor the demographic experience of the Plan each year for material gains and losses arising from the assumptions and recommend adjustments accordingly. Other actuarial assumptions could also be reasonable and would yield different results.

### **ECONOMIC ASSUMPTIONS**

#### **Interest Rates**

**Funding and FASB ASC Topic 960:** 6.50% per year (effective July 1, 2021)

*Rationale for Funding: The basis shown was selected by the plan sponsor, which were limited to available options prescribed by law.*

*Rationale for FASB ASC Topic 960: The basis chosen was selected by the plan sponsor, and reflects the plan sponsors best estimate of trust returns over the 10-20 year horizon based on current market conditions.*

**Current Liability:** 3.69% per year

#### **Asset Returns**

6.50% per year (effective July 1, 2021)

*Rationale: This reflects the best estimate of trust returns over the 10-20 year horizon based on current market conditions.*

#### **Expenses**

Interest rate is assumed to be net of plan expenses.

### **DEMOGRAPHIC ASSUMPTIONS**

#### **Mortality Rates**

Pri-2012 mortality tables with Blue Collar Adjustments, male and female rates, projected fully generationally using Scale MP-2021, with nonannuitant rates before benefit commencement and healthy annuitant rates after benefit commencement. For beneficiaries of deceased participants, Pri-2012 mortality tables with Blue Collar Adjustments, male and female rates, projected fully generationally using Scale MP-2021, with contingent annuitant rates. For disabled lives, Pri-2012 Disabled mortality tables, male and female rates, projected fully generationally using Scale MP-2021

*Rationale for Funding: The basis chosen was selected by the plan sponsor, which were limited to available options prescribed by law.*

*Rationale for FASB ASC Topic 960: The basis chosen was selected by the plan sponsor, and reflects the plan sponsors best estimate of anticipated mortality experience.*

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

### Retirement Ages

Members are assumed to retire at age 65.

*Due to the small number of terminations and retirements, there was insufficient data to develop plan specific retirement rates. Instead, retirement rates were based on general market trends, while also taking into account plan specific features and general observations from the participant data.*

### Termination Rates

T-3 LESS 51 GAT M. Sample rates are shown in the following table:

| Age | Rate  |
|-----|-------|
| 20  | 6.58% |
| 25  | 5.27  |
| 30  | 4.83  |
| 35  | 4.47  |
| 40  | 3.84  |
| 45  | 3.21  |
| 50  | 1.52  |
| 55  | 0.33  |
| 60  | 0.00  |

*Due to the small number of terminations, there was insufficient data to develop plan specific termination rates.*

### Disability Rates

1952 Disability Table, Period 2, Benefit 5, with six month waiting period. Sample disability rates are shown in the following table:

| Age | Rate  |
|-----|-------|
| 20  | 0.08% |
| 25  | 0.10  |
| 30  | 0.11  |
| 35  | 0.13  |
| 40  | 0.16  |
| 45  | 0.22  |
| 50  | 0.35  |
| 55  | 0.71  |
| 60  | 1.26  |
| 65  | 0.00  |

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

**Future Hours Worked**

For the purpose of determining future benefits, it is assumed each participant will continue to work the same number of hours in future years.

**Optional Forms**

Liabilities include no load to account for the value of optional annuity forms.

**Change in Assumptions Since Prior Year**

**Interest Rate for Current Liability:** From 2.16% per year to 2.72% per year as required by statute.

**Mortality:** The projection scale was changed from MP-2020 to MP-2021 to reflect an additional year of mortality improvement experience. Mortality was updated to better reflect anticipated life spans.

**Attachment to 2024 Schedule MB to Form 5500, Line 8b(1)**  
**Sheet Metal Workers Local No. 124 Pension Plan**  
**EIN 73-6145795**  
**Plan Number 001**

**Schedule of Projection of Expected Benefit Payments**

| Plan<br>Year | Expected<br>Annual<br>Benefit<br>Payments |
|--------------|-------------------------------------------|
| 2024-2025    | 2,235,000                                 |
| 2025-2026    | 2,191,000                                 |
| 2026-2027    | 2,278,000                                 |
| 2027-2028    | 2,300,000                                 |
| 2028-2029    | 2,400,000                                 |
| 2029-2030    | 2,448,000                                 |
| 2030-2031    | 2,466,000                                 |
| 2031-2032    | 2,509,000                                 |
| 2032-2033    | 2,531,000                                 |
| 2033-2034    | 2,622,000                                 |

# Sheet Metal Workers Local No. 124 Pension Plan

## Authorization to Sign and Submit 2024 Form 5500 Filing

I, Richard A Dimick, acting as Plan Administrator, and Joe E. McKenzie, acting for the Employer/Plan Sponsor of the Sheet Metal Workers Local No. 124 Pension Plan, authorize Milliman, Inc. to electronically submit the 2024 Form 5500 Return for the Plan.

Richard A. Dimick

Richard A. Dimick (Apr 14, 2026 17:24:40 CDT)

Richard A. Dimick

14/04/2026

Date

Joe A. McKenzie

Joe A. McKenzie (Apr 14, 2026 07:35:05 CDT)

Joe A. McKenzie

14/04/2026

Date

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

|         |                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN                                                                                                                                                                                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>07/01/1994                                                                                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN<br>COX, HOLSTED & DIMICK, PC<br><br>3717 NW 63RD ST STE 100<br>OKLAHOMA CITY, OK 73116-1925 |
| 2b      | Employer Identification Number (EIN)<br>73-6145795                                                                                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>405-848-4848                                                                                                                                                                                                                                                                                                                                                   |
| 2d      | Business code (see instructions)<br>331200                                                                                                                                                                                                                                                                                                                                                        |

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

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

|              |                                                                                       |             |                                                              |
|--------------|---------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|
| SIGN<br>HERE | <div>Richard A. Dimick</div> <div>Richard A. Dimick (Apr 14, 2026 17:23:38 CDT)</div> | 14/04/2026  | Richard A. Dimick                                            |
|              | Signature of plan administrator                                                       | Date        | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | <div>Joe McKenzie</div> <div>Joe McKenzie (Apr 13, 2026 15:40:03 CDT)</div>           | 13-Apr-2026 | Joe McKenzie                                                 |
|              | Signature of employer/plan sponsor                                                    | Date        | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                       |             |                                                              |
|              | Signature of DFE                                                                      | Date        | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RICHARD DIMICK<br><br>3717 NW 63RD ST STE 100<br>OKLAHOMA CITY, OK 73116-1925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br>73-1158890<br><br><b>3c</b> Administrator's telephone number<br>405-848-4848<br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 755                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines 6d and 6e.....<br><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) .....<br><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) .....<br><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> 320<br><b>6a(2)</b> 319<br><b>6b</b> 177<br><b>6c</b> 168<br><b>6d</b> 664<br><b>6e</b> 87<br><b>6f</b> 751<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 3                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 25                                                                                                                                                                                  |

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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.

|                                                                                                                                 |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div>                                                    | <div>B Three-digit plan number (PN) 001</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</div> | <div>D Employer Identification Number (EIN)<br/>73-6145795</div> |

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 Assets

|                                                                                                         |          |          |
|---------------------------------------------------------------------------------------------------------|----------|----------|
| (1) Current value of assets                                                                             | 1b(1)    | 51981284 |
| (2) Actuarial value of assets for funding standard account                                              | 1b(2)    | 51649103 |
| c (1) Accrued liability for plan using immediate gain methods                                           | 1c(1)    |          |
| (2) Information for plans using spread gain methods:                                                    |          |          |
| (a) Unfunded liability for methods with bases                                                           | 1c(2)(a) |          |
| (b) Accrued liability under entry age normal method                                                     | 1c(2)(b) | 34025244 |
| (c) Normal cost under entry age normal method                                                           | 1c(2)(c) | 83268    |
| (3) Accrued liability under unit credit cost method                                                     | 1c(3)    | 32921818 |
| d Information on current liabilities of the plan:                                                       |          |          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) | 1d(1)    | 0        |
| (2) "RPA '94" information:                                                                              |          |          |
| (a) Current liability                                                                                   | 1d(2)(a) | 48341693 |
| (b) Expected increase in current liability due to benefits accruing during the plan year                | 1d(2)(b) | 341997   |
| (c) Expected release from "RPA '94" current liability for the plan year                                 | 1d(2)(c) | 2237627  |
| (3) Expected plan disbursements for the plan year                                                       | 1d(3)    | 2237627  |

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

SIGN HERE



Signature of actuary

04/14/2026

Date

MICHAEL SUDDUTH

Type or print name of actuary

26-06248

Most recent enrollment number

MILLIMAN, INC.

Firm name

314-446-5607

Telephone number (including area code)

500 N. BROADWAY, SUITE 1750, ST. LOUIS, MO 63109

Address of the firm

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

☐

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>                  | 51981284              |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 257                        | 24086076              |
| (2) For terminated vested participants .....                                                                                        | 178                        | 8764417               |
| (3) For active participants:                                                                                                        |                            |                       |
| (a) Non-vested benefits.....                                                                                                        |                            | 289910                |
| (b) Vested benefits.....                                                                                                            |                            | 15201290              |
| (c) Total active .....                                                                                                              | 320                        | 15491200              |
| (4) Total .....                                                                                                                     | 755                        | 48341693              |
| <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>                  | %                     |

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

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/01/2025               | 1800492                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ▶</b>          | <b>3(b)</b>                       | 1800492                         |
|                          |                                   |                                 |                          | <b>3(c)</b>                       | 0                               |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**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> | 156.9%                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>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<br>(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),<br>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:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here..... <input type="checkbox"/>                       |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                          |

**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 type="checkbox"/> Entry age normal         | <b>c</b> <input type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input checked="" 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)<br>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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Post-retirement<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                             |
| <b>c</b> Mortality table code for valuation purposes:                                                                  |                                                                                                                    |                                                                                                                                                 |
| (1) Males .....                                                                                                        | <b>6c(1)</b>                                                                                                       | 9P                                                                                                                                              |
| (2) Females .....                                                                                                      | <b>6c(2)</b>                                                                                                       | 9FP                                                                                                                                             |
| <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:                                                                           |                                                                                                                    |                                                                                                                                                 |
| (1) 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 |
| (2) 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>                                                                                                          | 6.0 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....            | <b>6h</b>                                                                                                          | 12.8 %                                                                                                                                          |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                | <b>6i</b>                                                                                                          | <input checked="" type="checkbox"/> N/A                                                                                                         |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                                                                                                       | %                                                                                                                                               |
| (2) 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>                                                                                                       |                                                                                                                                                 |
| (3) 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 |
|------------------|---------------------|--------------------------------|
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**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                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| (1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" 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:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                        | <b>8d(2)</b>                                                        |  |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....                                                                                                                                                                                                                         | <b>8d(4)</b>                                                        |  |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                                 | <b>8d(5)</b>                                                        |  |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <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> | 944660 |

**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> | 0                   | 0 |
| <b>9c(2)</b> |                     |   |
| <b>9c(3)</b> |                     |   |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 61403**e** Total charges. Add lines 9a through 9d.....**9e** 1006063**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 24850735**g** Employer contributions. Total from column (b) of line 3.....**9g** 1800492**h** Amortization credits as of valuation date.....

|           | Outstanding balance |   |
|-----------|---------------------|---|
| <b>9h</b> | 0                   | 0 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 1668417**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> | 7785303 |
| <b>9j(2)</b> | 0       |
| <b>9j(3)</b> | 0       |

**k** (1) Waived funding deficiency .....**9k(1)**

(2) Other credits .....

**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 28319644**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 27313581**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

**9o(1)**

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)**

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....

**9o(2)(b)** 0

(3) Total as of valuation date.....

**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☐ Yes ☒ No