

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>IBEW LOCAL 1049 CRAFT ANNUITY FUND</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES IBEW LOCAL 1049</u> <u>CRAFT ANNUITY FUND</u> <u>100 CORPORATE DRIVE</u> <u>HOLTSVILLE, NY 11742</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>11-3051862</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>631-234-1803</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>525100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1991</u>		2b Employer Identification Number (EIN) <u>11-3051862</u>		2c Plan Sponsor's telephone number <u>631-234-1803</u>		2d Business code (see instructions) <u>525100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2c Plan Sponsor's telephone number <u>631-234-1803</u>											
2d Business code (see instructions) <u>525100</u>											

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.	10/12/2022	STEVEN T. SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	2988
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2967
a(2) Total number of active participants at the end of the plan year		6a(2)	3163
b Retired or separated participants receiving benefits.....		6b	25
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3188
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	3189
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3103
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	34
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan IBEW LOCAL 1049 CRAFT ANNUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 1049	D Employer Identification Number (EIN) 11-3051862

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.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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	SF 51738	3188	01/01/2021	12/31/2021

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

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	

(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	

(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	

(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	

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.

4	Current value of plan's interest under this contract in the general account at year end	4	38858621
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	243377210

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	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. Specify nature of costs ▶	6d	

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	Balance at the end of the previous year	7b	41306196
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c	Additions: (1) Contributions deposited during the year	7c(1)	27257930	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	1169298	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	28427228
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d Total of balance and additions (add lines 7b and 7c(6))	7d	69733424
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2654985	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	28219818	
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	30874803
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	38858621
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IBEW LOCAL 1049 CRAFT ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 1049	D Employer Identification Number (EIN) 11-3051862	

Part I	Service Provider Information (see instructions)
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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
MASSACHUSETTS MUTUAL LIFE INS CO
04-1590850

(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)

HOLM & OHARA, LLP

3 WEST 35TH STREET 9TH FLOOR
NEW YORK, NY 10001

13-3591118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	UNION ATTORNEY	13951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOULD, KOBRICK, & SCHLAPP, P.C.

192 LEXINGTON AVENUE
SUITE 700
NEW YORK, NY 10016

13-3082707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	UNION ACCOUNTANT	18679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST FINANCIAL SERVICES

38 KINGS HIGHWAY
HAUPPAUGE, NY 11788

11-3043712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	133213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STEPHEN FRIEDMAN

PO BOX 389
MATTITUCK, NY 11952

20-2410530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IBEW LOCAL 1049 HEALTH & WELFARE FD

100 CORPORATE DRIVE
HOLTSVILLE, NY 11742

11-6043757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 38 49	RELATED BENEFIT PLAN	114987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOBGO ASSOCIATES

13-2751089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 72 52 72 52 72	
(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.	
8020 ALLOCATION MASSMUTUAL 45-1618222	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 72 52 72 52 72	
(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.	
4060 ALLOCATION MASSMUTUAL 45-1618262	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 72 52 72 52 72	
(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.	
6040 ALLOCATION MASSMUTUAL 45-1618046	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
TOTAL RETURN BOND MASSMUTUAL 27-2377446	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
US GOVT MONEY MARKET MASSMUTUAL 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
MM S&P 500 INDEX NORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
MID CAP GROWTH MASSMUTUAL 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
BLUE CHIP GROWTH MASSMUTUAL 04-3556992	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
OVERSEAS MASSMUTAL 04-3557000	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
FUNDAMENTAL VALUE MASSMUTUAL 04-3584138	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60 52 63 60 52 63 60 52	
(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.	
SYCAMORE SM CO OPPTY VICTORY 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52 72 52 72 52	
(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.	
GLOBAL MASS MUTAL 51-0529334	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 72 52 72 52 72	
(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.	
2080 ALLOCATION MASSMUTUAL 45-1618155	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 60 63 52 60 63 52 60 63	
(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.	
GROWTH AMERICA AMERICAN 52-0792143	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 63 52 60 63 52 60 63 52	
(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.	
SMALL CAP GROWTH INVESCO 94-2365417	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 60 52 60 52 60	
(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.	
SPECIAL MID CAP VAL ALLSPRING 84-6615098	BASIS POINTS * PLAN ASSETS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>IBEW LOCAL 1049 CRAFT ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES IBEW LOCAL 1049</u>	D Employer Identification Number (EIN) <u>11-3051862</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH AMERICA</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13077576</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT FUNDMENTAL VAL</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7267057</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEL MID CAP GROWTH II</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9420198</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SYCAMORE SM CO OPPTY</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3491563</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT 60/40 ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16228596</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT 20/80 ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>119738705</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT 40/60 ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6250669</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER GLOBAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4888766
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT 80/20 ALLOCATION		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13494281
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5061004
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT METWEST TOTAL RETURN		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1909781
a Name of MTIA, CCT, PSA, or 103-12 IE: SEL OVERSEAS		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2083339
a Name of MTIA, CCT, PSA, or 103-12 IE: MM S&P 500 INDEX		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15311932
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT TRP/LS BLUE CHIP GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22373650
a Name of MTIA, CCT, PSA, or 103-12 IE: SPECIAL MID CAP VAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2780093
a Name of MTIA, CCT, PSA, or 103-12 IE: PREM U.S. GOVT MONEY MRKT		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IBEW LOCAL 1049 CRAFT ANNUITY FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 1049	D Employer Identification Number (EIN) 11-3051862	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	6135755	3664017
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3226859	2269225
(2) Participant contributions.....	1b(2)	94728	87917
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20314	20316
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	201159645	243377210
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	41306196	38858621
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	17409	11534
f Total assets (add all amounts in lines 1a through 1e)	1f	251960906	288288840

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	62197	55150
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3601961	172878
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3664158	228028

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	248296748	288060812
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25612086	
(B) Participants	2a(1)(B)	1618909	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27230995
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	1169295	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1169298
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		21479481
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		362134
d Total income. Add all income amounts in column (b) and enter total.....	2d		50241908
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10136720	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10136720
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	57182	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	133213	
(4) Other.....	2i(4)	150729	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		341124
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10477844
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		39764064
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GOULD, KOBRICK, & SCHLAPP, P.C.

(2) EIN: 13-3082707

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		11089

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

**FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

**FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

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D. ROBERT GOULD, C.P.A (1933-2015)
STUART L. KOBRICK, C.P.A (RETIRED)
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INDEPENDENT AUDITORS' REPORT

Board of Trustees of
I.B.E.W. Local 1049 Craft Annuity Fund

Opinion on the 2021 Financial Statements

We have audited the financial statements of I.B.E.W. Local 1049 Craft Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of I.B.E.W. Local 1049 Craft Annuity Fund as of December 31, 2021, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of I.B.E.W. Local 1049 Craft Annuity Fund 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 audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 1049 Craft Annuity Fund'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 2021 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements (continued)

- 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 I.B.E.W. Local 1049 Craft Annuity Fund'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 I.B.E.W. Local 1049 Craft Annuity Fund's ability to continue as a going concern for a reasonable period of time.

Other Matter – 2021 Supplemental Schedules Required by ERISA

Auditors' Report on the 2020 Financial Statements

and Regulations for Reporting and Disclosure
And, Kobach's Affidavit, P.C.
 New York, NY
 October 10, 2022

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value:		
Pooled separate accounts	\$ 243,377,210	\$ 201,159,645
Money market account	<u>20,316</u>	<u>20,314</u>
	243,397,526	201,179,959
Investment, at contract value	<u>38,858,621</u>	41,306,196
Total Investments	<u>282,256,147</u>	<u>242,486,155</u>
Receivables:		
Contributions:		
Employers	2,269,225	3,226,859
Participants	<u>87,917</u>	<u>94,728</u>
Total Receivables	<u>2,357,142</u>	<u>3,321,587</u>
Other assets:		
Cash, operating account	3,664,017	6,135,755
Fixed assets, net of accumulated depreciation	7,862	16,080
Prepaid expenses	<u>3,672</u>	<u>1,329</u>
Total Other Assets	<u>3,675,551</u>	<u>6,153,164</u>
Total Assets	<u>288,288,840</u>	<u>251,960,906</u>
LIABILITIES		
Reciprocal payable	129,544	3,455,936
Accrued administrative expenses	55,150	62,197
Participant contributions payable	24,089	63,949
Due to related organizations	18,181	40,499
Due to Mass Mutual Life Insurance Company	<u>1,064</u>	<u>41,577</u>
Total Liabilities	<u>228,028</u>	<u>3,664,158</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 288,060,812</u>	<u>\$ 248,296,748</u>

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

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Net appreciation in fair value of investments	\$ 21,423,312	\$ 23,624,474
Interest, dividends and other	<u>1,225,467</u>	<u>1,889,118</u>
	22,648,779	25,513,592
Less - Investment fees	<u>133,213</u>	<u>113,322</u>
Net Investment Income	22,515,566	25,400,270
Contributions:		
Employer, net of reciprocal payments	25,285,886	27,149,875
Participants' 401K deferrals, net of overpayments	1,618,909	1,369,976
Participants' profit sharing	326,200	350,477
Rollovers	0	399,464
Other income:		
Reimbursement of plan expenses	<u>362,134</u>	<u>294,963</u>
Total Additions	50,108,695	54,965,025
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	10,136,720	38,621,146
Administrative expenses	<u>207,911</u>	<u>232,049</u>
Total Deductions	10,344,631	38,853,195
Net increase in net assets available for benefits	39,764,064	16,111,830
Net assets available for benefits:		
Beginning	248,296,748	232,184,918
Ending	\$ 288,060,812	\$ 248,296,748

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

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 – DESCRIPTION OF PLAN

The following description of I.B.E.W. Local 1049 Craft Annuity Fund (the “Plan”) provides only general information. Participants should refer to the Plan document and the Summary Plan Description (SPD) for a more complete description of the Plan provisions.

General: The Plan is a collectively bargained multi-employer defined contribution profit sharing plan established in 1991. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with Local Union 1049 of the International Brotherhood of Electrical Workers, AFL-CIO (the “Union”) and individual employers signatory to the agreements.

Plan Administration: The administration of the Plan is the responsibility of a joint board of Union and Employer Trustees. The Union and Employer Trustees have equal voting rights.

On December 31, 2020, Empower Retirement LLC (“Empower”) acquired the retirement business of Massachusetts Mutual Life Insurance Company (“MassMutual”). Participant directed accounts are maintained and administered under a group annuity contract with the Plan’s trustee, Empower. Empower is responsible for the custody and management of the Plan’s assets.

Benefits: Account distributions are made upon retirement, death, and withdrawal from the industry or permanent disability.

Participant Accounts: For all purposes of the Plan, the value of any account established under the Plan on behalf of a participant shall be its fair market value as determined on the valuation date coinciding with or immediately preceding the date of benefit payment, withdrawal, or furnishing of statements, whichever is applicable, plus any contributions or other amounts credited to such account subsequent to such valuation dates, less any distribution, expense or other amounts charged to such account subsequent to such valuation date.

Loans: Effective March 24, 2014, a participant, whose home or other property has been damaged or destroyed by natural disaster declared by local, state, or federal government, and where private and public insurance is inadequate to cover the costs of reconstruction or replacements, may apply for a loan. Participants may borrow an amount not less than \$5,000 or no more than the lesser of (i) fifty percent (50%) of the individual account balance; or (ii) \$50,000. The loans are secured by the balance in the participant’s account and bear interest equal to prime rate as printed in the Wall Street Journal at the time the loan is taken.

Vesting: Once an individual account has been established (after one hour of work in covered employment) all contributions and earnings thereon are immediately 100% vested.

Funding: Employers make contributions for covered participants based upon a designated percentage of each employee’s wages for each hour worked in accordance with the collective bargaining agreement in effect at the time. The Plan also accepts rollover contributions from other qualified plans.

Effective June 1, 2012, the Plan accepts participant contributions. Participants may contribute 1% - 10% of pretax compensation each pay period as defined in the Plan. Contributions are subject to certain limitations. Participants may also make rollover contributions as defined in the Plan.

Investment Options: Participants direct the investment of their contributions into various investment options offered by the Plan.

Other: Although they have not expressed any intention to do so, the Plan’s Board of Trustees, as Sponsor, has the right under the Plan to modify benefits provided to participants and to terminate the Plan. The Plan may be terminated at any time by the Board of Trustees, subject to the provisions set forth in ERISA.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements were prepared on the accrual basis of accounting.

Employer Contributions: Employer contributions receivable and employer contribution income do not include estimates of amounts due from employers where remittance reports were not received by the Plan office, contributions deemed uncollectible by the Plan's attorney, or any amounts due but unpaid as a result of disputed payroll audits, unless the Plan's collection attorney had reached an agreement with the delinquent employer to pay the amount due.

Investment Valuation and Income Recognition: Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 14 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

Benefits Paid: Benefits payments to participants are recorded upon distribution.

Fixed Assets and Depreciation or Amortization: Fixed assets are stated at cost less depreciation or amortization accumulated since acquisition and does not purport to represent replacement or realizable value. All assets are depreciated or amortized over their estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged when incurred. All other expenditures for fixed assets are capitalized.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3 – CONTRACT WITH INSURANCE COMPANY

In 2003, the Plan entered into a group annuity contract with the Massachusetts Mutual Life Insurance Company ("MassMutual"). MassMutual maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and debited with Plan withdrawals and administration expenses charged by MassMutual.

The investment contract does not contain a maturity date. Should the contract be terminated by the Plan, Mass Mutual may offer the participants a choice of an annuity purchase payment option or lump sum cash payments as provided in accordance with the terms of the Plan. There are no reserves against contract value for credit risk of the issuer. The balance at December 31, 2021 and 2020 was \$38,858,621 and \$41,306,196, respectively.

NOTE 4 – PROCEDURE ON TERMINATION

While it is the present intention to continue the Plan indefinitely, the Board of Trustees reserves the right to terminate the Plan at any time. Each participant shall have a non-forfeitable right to his or her account under the Plan except as otherwise stated in the Plan and authorized by law, subject to the provisions of ERISA.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 5 – TAX STATUS

The Plan is a qualified Plan under Section 401 (a) of the IRC and the Trust is exempt from federal income taxes under provisions of Section 501 (a) of the IRC. The Internal Revenue Service (the “IRS”) has determined and informed the Plan by letter dated September 22, 2015, that the Plan is a tax qualified Plan under applicable sections of the IRS. The Plan has been amended since receiving the determination letter. The Plan’s management believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income tax has been included in the Plan’s financial statements.

NOTE 6 – RISKS AND UNCERTAINTIES

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

NOTE 7 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

NOTE 8 – REIMBURSEMENT OF PLAN EXPENSES

MassMutual (now Empower), a party in interest, agreed to either reimburse the Plan or pay on behalf of the Plan reasonable Plan expenses equal to 0.32% of the Plan assets invested in certain plan assets identified as “Reimbursement Credit Investments” effective June 1, 2017. The reimbursement payment will be calculated each calendar quarter as of the last business day of such calendar quarter at 1/4th of the annual basis point reimbursement credit percentage. The payment will be made on or before the 15th of the month following the end of each calendar quarter. Plan administrative expenses actually incurred must be equal to or greater than the maximum annual reimbursement credit. The reimbursement or payment shall be paid out of Empowers revenues and will not affect Plan assets. Total reimbursements of plan expenses were \$362,134 and \$294,963 in 2021 and 2020, respectively.

NOTE 9 – AGREEMENTS AND TRANSACTIONS WITH RELATED PARTIES AND PARTIES IN INTEREST

The Plan and the I.B.E.W. Local 1049 Craft Skill Improvement Fund, Health and Welfare Fund, Line Clearance Tree Trimming Fund and Vacation Fund (together the “Funds”) share common administration and office facilities. Payroll costs and other administrative costs are paid by the Health and Welfare Fund and are allocated based on actual time spent. The Funds’ office facilities are located in the premises owned by the Craft Division Skill Improvement Fund Realty Corporation.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020****NOTE 9 – AGREEMENTS AND TRANSACTIONS WITH RELATED PARTIES AND PARTIES IN INTEREST
(continued)**

The Plan has an investment contract and certain investments in pooled separate accounts, which are managed by Empower. Empower is a fiduciary of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The MassMutual Financial Group has also agreed to reimburse the Plan for reasonable administrative expenses incurred by the Plan for each reimbursement period equal to 0.32% (annualized) of Plan assets (see Note 8).

The Plan's 2021 related party transactions are summarized as follows:

	Total	I.B.E.W. Local 1049		
		Craft Skill Improvement	Health & Welfare	Vacation
Beginning balances	\$ (40,499)	\$ (9,360)	\$ (27,929)	\$ (3,210)
Current period activity:				
Payments	137,305	0	137,305	0
Expense allocations and rent	(114,987)	0	(114,987)	0
Total Current Activity	22,318	0	22,318	0
Ending balances	\$ (18,181)	\$ (9,360)	\$ (5,611)	\$ (3,210)

NOTE 10 – ADMINISTRATIVE EXPENSES

	2021	2020
Professional fees:		
Auditing	\$ 18,679	\$ 13,500
Legal	13,951	29,582
Computer	10,328	10,190
Consultant	6,000	7,600
Payroll audits	5,744	7,760
Other	2,480	3,169
Expense allocations and rent	114,987	117,307
Other general and administrative	15,436	14,378
Insurance	12,088	10,694
Depreciation expense	8,218	17,869
Total Administrative Expenses	\$ 207,911	\$ 232,049

NOTE 11 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2022, the date the financial statements were available to be issued.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 12 – FIXED ASSETS

Fixed assets at December 31, 2021 and 2020 by classification are summarized as follows:

	2021	2020
Software	\$ 89,346	\$ 89,346
Less - Accumulated depreciation	81,484	73,266
Net Fixed Assets	<u>\$ 7,862</u>	<u>\$ 16,080</u>

NOTE 13 – UNALLOCATED NET ASSETS

Empower posts contributions to participants' accounts on the cash basis of accounting, but the financial statements report contribution income using the accrual method of accounting. As a result, the Plan had unallocated net assets available for benefits at December 31, 2021 and 2020 as follows:

	2021	2020
Net assets available for benefits per financial statements	\$ 288,060,812	\$ 248,296,748
Unallocated net assets are comprised of:		
Receivables and prepaid expenses	(2,360,814)	(3,322,916)
Cash, operating accounts	(3,664,017)	(6,135,755)
Accrued expenses and payables	228,028	3,664,158
Fixed assets	(7,862)	(16,080)
Money market account	(20,316)	(20,314)
Participant account balances	<u>\$ 282,235,831</u>	<u>\$ 242,465,841</u>

NOTE 14 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in 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.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 14 – FAIR VALUE MEASUREMENTS (continued)

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's 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.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Interest bearing cash: Interest bearing cash is carried at cost, which approximates fair value.

Pooled separate accounts: Participant separate accounts are valued at the net asset value of units held by the Plan at year end.

The preceding methods 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 December 31, 2021 and 2020:

December 31, 2021				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 20,316	\$ 0	\$ 0	\$ 20,316
Pooled separate accounts	0	243,377,210	0	243,377,210
Total	\$ 20,316	\$ 243,377,210	\$ 0	\$ 243,397,526

December 31, 2020				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 20,314	\$ 0	\$ 0	\$ 20,314
Pooled separate accounts	0	201,159,645	0	201,159,645
Total	\$ 20,314	\$ 201,159,645	\$ 0	\$ 201,179,959

NOTE 15 – PLAN AMENDMENT

Effective June 1, 2020, the Plan was amended to establish a hardship withdrawal due to the outbreak of COVID-19 for the period on or after June 1, 2020, and before December 31, 2020, up to the lesser of \$100,000 or 50% of the amount in the participant's account. A participant may withdraw a minimum of \$5,000 and is limited to two (2) coronavirus-related distributions.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020****NOTE 16 – INVESTMENTS**

The following is a summary of the investment information included in the accompanying financial statements and supplemental schedule as of December 31, 2021 and 2020. The 2020 information was obtained from information prepared by the custodian and furnished to the plan administrator. The plan administrator obtained certification from the custodian that the 2020 information is complete and accurate.

	2021	2020
Interests in insurance company general account:		
* MassMutual Guaranteed Interest Account	\$ 38,858,621	\$ 41,306,196
Interests in registered investment companies:		
* MassMutual Select 20/80 Allocation	119,738,705	108,426,626
* MassMutual Select 60/40 Allocation	16,228,596	16,538,935
* MassMutual Sel TRP/LS Blue Chip Growth	22,373,650	15,410,735
* MassMutual Select 80/20 Allocation	13,494,281	8,953,321
* MassMutual S&P 500 Index (Northrn Trst)	15,311,932	8,837,872
* MassMutual Select 40/60 Allocation	6,250,669	6,339,297
* MassMutual Mid Cap Gr (TRP/Frontier)	9,420,198	6,868,716
* MassMutual Growth America (American)	13,077,576	9,523,037
* MassMutual Sel Fndmntl Val (Wlgn/BrwHnly)	7,267,057	3,844,232
* MassMutual Premier Global (Invesco)	4,888,766	3,599,236
* MassMutual Small Cap Discovery (Invesco)	5,061,004	4,333,178
* MassMutual Sm Co Oppty (Victory)	3,491,563	2,134,350
* MassMutual Mid Cap Val (Wells Fargo)	2,780,093	1,677,944
* MassMutual Sel MetWest Total Return Bond	1,909,781	2,948,192
* MassMutual Select Overseas (MFS/Harris)	2,083,339	1,723,974
Total Investments Certified by the Custodian	282,235,831	242,465,841
Interests in checking account:		
Chase bank	20,316	20,314
Total Investments per Form 5500, Schedule H	<u>\$ 282,256,147</u>	<u>\$ 242,486,155</u>
* Party-in-interest to Plan		

On December 31, 2020, Empower Retirement LLC (“Empower”) acquired the retirement business of Massachusetts Mutual Life Insurance Company (“MassMutual”). Following an initial transition period, Empower Retirement is the sole recordkeeper of the Plan.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND

**SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENTS
FORM 5500, SCHEDULE H, PART IV, LINE 4(I)
DECEMBER 31, 2021**

I.B.E.W. Local 1049 Craft Annuity Fund

Plan Number: 001

EIN: 11-3051862

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) - Identity of Issuer, Borrower, Lessor, or Similar Third Party	(c) - Description of Investment	(d)	(e) - Current Value
*	MassMutual	Guaranteed Interest Account	**	\$ 38,858,621
*	MassMutual	20/80 Allocation (MassMutual)	**	119,738,705
*	MassMutual	40/60 Allocation (MassMutual)	**	6,250,669
*	MassMutual	60/40 Allocation (MassMutual)	**	16,228,596
*	MassMutual	80/20 Allocation (MassMutual)	**	13,494,281
*	MassMutual	Blue Chip Growth (MassMutual)	**	22,373,650
*	MassMutual	Fundamental Value (MassMutual)	**	7,267,057
*	MassMutual	Global (MassMutual)	**	4,888,766
*	MassMutual	Growth America (American)	**	13,077,576
*	MassMutual	Mid Cap Growth (MassMutual)	**	9,420,198
*	MassMutual	MM S&P 500 Index (Northern Trust)	**	15,311,932
*	MassMutual	Overseas (MassMutual)	**	2,083,339
*	MassMutual	Small Cap Growth (Invesco)	**	5,061,004
*	MassMutual	Special Mid Cap Val (All Spring)	**	2,780,093
*	MassMutual	Sycamore Sm Co Oppty (Victory)	**	3,491,563
*	MassMutual	Total Return Bond (MassMutual)	**	1,909,781
	Chase Bank	Money market account	**	20,316
				<u>\$ 282,256,147</u>

* Party-in-interest to Plan

** Cost is not to be reported as the Plan is an individual account Plan that a participant or beneficiary directed with respect to assets allocated to his or her account.

I.B.E.W. LOCAL 1049 CRAFT ANNUITY FUND
SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(A)
DECEMBER 31, 2021

I.B.E.W. Local 1049 Craft Annuity Fund
Plan Number: 001
EIN: 11-3051862
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
\$11,089	\$11,089

2021

FEDERAL STATEMENTS

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CLIENT 1049ANN

BOARD OF TRUSTEES IBEW LOCAL 1049

PLAN NO. 001

10/11/22

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STATEMENT 1

SCHEDULE H, PAGE 2, LINE 1J

OTHER LIABILITIES

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

	BEGINNING	ENDING
DUE TO RELATED ORGANIZATIONS.....	\$ 82,076.	\$ 19,245.
PARTICIPANT CONTRIBUTIONS PAYABLE.....	63,949.	24,089.
RECIPROCAL PAYABLES.....	3,455,936.	129,544.
TOTAL	\$ 3,601,961.	\$ 172,878.

STATEMENT 2

SCHEDULE H, PAGE 2, LINE 2B(1)(F)

OTHER INTEREST

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

GROUP ANNUITY CONTRACT.....	\$ 1,169,295.
TOTAL	\$ 1,169,295.

STATEMENT 3

SCHEDULE H, PAGE 3, LINE 2C

OTHER INCOME

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

REIMBURSEMENT OF PLAN EXPENSES.....	\$ 362,134.
TOTAL	\$ 362,134.

STATEMENT 4

SCHEDULE H, PAGE 3, LINE 2I(4)

OTHER ADMINISTRATIVE EXPENSES

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

CONFERENCES, SEMINARS & MEETINGS.....	\$ 2,271.
DEPRECIATION.....	8,218.
EXPENSE ALLOCATIONS.....	114,987.
INSURANCE.....	12,088.
OTHER GENERAL & ADMINISTRATIVE.....	651.
STATIONERY, PRINTING, POSTAGE & SUPPLIES.....	12,514.
TOTAL	\$ 150,729.

STATEMENT 5

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
X	MASS MUTUAL LIFE INS	20/80 ALLOCATION		\$ 109,877.
X	MASS MUTUAL LIFE INS	20/80 ALLOCATION		119,628,434.
X	MASS MUTUAL LIFE INS	20/80 ALLOCATION		394.
X	MASS MUTUAL LIFE INS	40/60 ALLOCATION		6,250,669.
X	MASS MUTUAL LIFE INS	60/40 ALLOCATION		16,228,596.

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FEDERAL STATEMENTS

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CLIENT 1049ANN

BOARD OF TRUSTEES IBEW LOCAL 1049

PLAN NO. 001

10/11/22

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STATEMENT 5 (CONTINUED)

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
X	MASS MUTUAL LIFE INS	80/20 ALLOCATION		\$ 13,494,281.
X	MASS MUTUAL LIFE INS	BLUE CHIP GROWTH		22,373,650.
X	MASS MUTUAL LIFE INS	FUNDAMENTAL VALUE		7,267,057.
X	MASS MUTUAL LIFE INS	GLOBAL		4,888,766.
X	MASS MUTUAL LIFE INS	GROWTH AMERICA		13,077,576.
X	MASS MUTUAL LIFE INS	GUARANTEED INCOME		38,858,621.
	CHASE BANK	INTEREST BEARING A/C		20,316.
X	MASS MUTUAL LIFE INS	MID CAP GROWTH		9,420,198.
X	MASS MUTUAL LIFE INS	MM S&P 500 IND (NT)		15,311,932.
X	MASS MUTUAL LIFE INS	OVERSEAS		2,083,339.
X	MASS MUTUAL LIFE INS	SM CAP GRW (INVESCO)		5,061,004.
X	MASS MUTUAL LIFE INS	SPEC MID CAP VAL		2,780,093.
X	MASS MUTUAL LIFE INS	SYC SM CO OPPTY		3,491,563.
X	MASS MUTUAL LIFE INS	TOTAL RETURN BOND		1,909,781.

2021

FEDERAL STATEMENTS

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CLIENT 1049ANN

BOARD OF TRUSTEES IBEW LOCAL 1049

PLAN NO. 001

10/11/22

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STATEMENT 5

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

IBEW LOCAL 1049 CRAFT ANNUITY FUND 11-3051862 001

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
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X	MASS MUTUAL LIFE INS	SYC SM CO OPPTY		3,491,563.
X	MASS MUTUAL LIFE INS	TOTAL RETURN BOND		1,909,781.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☒ a multiemployer plan ☐ a single-employer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B This return/report is: ☐ the first return/report ☐ an amended return/report	☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information — enter all requested information	
1a Name of plan IBEW LOCAL 1049 CRAFT ANNUITY FUND	1b Three-digit plan number (PN) 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	1c Effective date of plan 06/01/1991
	2b Employer Identification Number (EIN) 11-3051862
	2c Plan Sponsor's telephone number 631-234-1803
	2d Business code (see instructions) 525100
BOARD OF TRUSTEES IBEW LOCAL 1049 CRAFT ANNUITY FUND 100 CORPORATE DRIVE HOLTSVILLE, NY 11742	

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

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

SIGN HERE	<i>Pat Guidice</i>	10-11-22	<i>Patrick Guidice</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael Gilchrist</i>	10-11-22	<i>Michael Gilchrist</i>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2021)
v. 210624