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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1969

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RETIREMENT PLAN

P O BOX 71337
MADISON HEIGHTS, MI 48071

2b Employer Identification Number (EIN) 38-6233909

2c Plan Sponsor's telephone number 586-575-9200

2d Business code (see instructions) 238210

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.	10/31/2022	E. CRAIG YOUNG
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1532
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)**	796
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	855
b	Retired or separated participants receiving benefits	**6b**	160
c	Other retired or separated participants entitled to future benefits	**6c**	557
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1572
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	38
f	Total. Add lines **6d** and **6e**.	**6f**	1610
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	88

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

1B

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

4L 4H

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RET

D Employer Identification Number (EIN)
38-6233909

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

1a Enter the valuation date: Month 02 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	49666088
(2)	Actuarial value of assets for funding standard account	**1b(2)**	50699120
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	61222022
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	50675537
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	131624420
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	5164653
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1561878
(3)	Expected plan disbursements for the plan year	**1d(3)**	1577887

Statement by Enrolled Actuary

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

SIGN HERE

	09/14/2022
Signature of actuary	Date
KATHRYN GARRITY,FSA, EA, MAAA	20-05379
Type or print name of actuary	Most recent enrollment number
UNITED ACTUARIAL SERVICES, INC.	317-580-8668
Firm name	Telephone number (including area code)
11590 N MERIDIAN STREET, SUITE 610, CARMEL, IN 46032	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	49666088
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		178	18736965
(2) For terminated vested participants		529	33985186
(3) For active participants:			
(a) Non-vested benefits			7379450
(b) Vested benefits			71519819
(c) Total active		810	78899269
(4) Total		1517	131621420
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		37.73 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/31/2022	5333843				
			Totals ► **3(b)**	5333843	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	1

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	100.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.05 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**		A	A	
(2) Females	**6c(2)**		AF	AF	
d Valuation liability interest rate	**6d**		7.25 %	7.25 %	
e Expense loading	**6e**	23.1 % ☐ N/A		% ☒ N/A	
f Salary scale	**6f**	% ☒ N/A			
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	5.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	8.5 %		

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-166775	-17344
4	322483	33537

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	1150731
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	24987487	3231709
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	317726
e Total charges. Add lines 9a through 9d		**9e**	4700166

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	12184834
g	Employer contributions. Total from column (b) of line 3		**9g**	5333843
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 2279751		461696
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1110224
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 26696482		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 71741762		
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	19090597
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	14390431
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

A Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RET

D Employer Identification Number (EIN)
38-6233909

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

AMERICAN REALTY ADVISORS
801 N BRAND BLVD
800
GLENDALE, CA 91203

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

BAIRD FUNDS

38-6246264

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

MCMORGAN & COMPANY
ONE FRONT ST
SAN FRANCISCO, CA 94111

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

CARLYLE ENERGY MEZZANINE OPPORT FD
1001 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20004

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

ENTRUST SPECIAL OPPORTUNITIES FD

375 PARK AVE, 24TH FL
NEW YORK, NY 10152

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

CARLYLE STRATEGIC PARTNERS IV LP

1001 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20004

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

ISHARES MSCI ACWI-BLACKROCK

39533 WOODWARD AVE
BLOOMFIELD HILLS, MI 48304

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

HAMILTON LANE

ONE PRESIDENTIAL BLVD, 4TH FL
BALA CYNWYD, PA 19004

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

METROPOLITAN REAL ESTATE

520 MADSION AVE., 27TH FL
NEW YORK, NY 10022

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

THE VANGUARD GROUP

23-1945930

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

GOLDEN TREE OFFSHORE FD

300 PARK AVE.
NEW YORK, NY 10022

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

TOWNSEND REAL ESTATE ALPHA FUND

1255 BROAD ST
1ST FLOOR
CLIFTON, NJ 07013

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

OAKTREE SPECIAL SITUATIONS FUND

333 S. GRAND AVE.
28TH FLOOR
LOS ANGELES, CA 90071

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

PIMCO INVESTMENTS

1633 BROADWAY
NEW YORK, NY 10019

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

GOLDMAN SACHS

200 WEST ST
NEW YORK, NY 10282

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

FIDELITY CONCORD ST TRUST

82 DEVONSHIRE ST
BOSTON, MA 02109

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

ENTRUST PERMAL MIDWEST

375 PARK AVE, 24TH FL
NEW YORK, NY 10152

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

ALLIANZ FUNDS

1633 BROADWAY
NEW YORK, NY 10019

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

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

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

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

UNITED ACTUARIAL SERVICES INC.

11590 MERIDIAN ST,STE 610
CARMEL, IN 46032

35-2156428

(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?
50 11	NONE	21500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

34901 WOODWARD, 300
BIRMINGHAM, MI 48009

94-1671384

(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?
50 27	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATKINS PAWLICK CALATI & PRIFTI, PC

1423 E 12 MILE RD
MADISON HEIGHTS, MI 48071

(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?
50 29	NONE	14756	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)

COMERICA BANK

PO BOX 75000
DETROIT, MI 48275

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 49 59 62 72	NONE	20051	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BENESYS INC

700 TOWER DR
TROY, MI 48098

38-2383171

(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?
50 15	NONE	11887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCCLAIN SMITH & WENZ PC

6915 ROCHESTER RD, 100
TROY, MI 48084

38-3382520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR OF PLAN SPONSOR	18451	Yes [ ] No [X]	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)

E CRAIG YOUNG

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-6233909

(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?
50 30	EMPLOYEE (WAGES PAID)	35127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH PADGETT

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-6233909

(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?
50 30	EMPLOYEE (WAGES PAID)	47925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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.

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

A Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RET

D Employer Identification Number (EIN)
38-6233909

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: SHORT TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): COMERICA INC

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)
38-2217511-001	C	459479

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(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
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

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

A Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RET

D Employer Identification Number (EIN)
38-6233909

Part I Asset and Liability Statement

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	580460	1244911
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	220000	214000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7237	124698
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	10686483	15965726
(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)	111193	459479
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32308886	37263057
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5776013	5063826

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**	2400	2480
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	49692672	60338177
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	26584	31630
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	26584	31630
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	49666088	60306547

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)**	5333843	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		5333843
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**	111	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		111
	(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)**	1376903	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1376903
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	1697128	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1228452	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		468676
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	5094544	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		5094544

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5168
d Total income. Add all **income** amounts in column (b) and enter total	2d		12279245
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1309037	
(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)		1309037
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)	54706	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25051	
(4) Other	2i(4)	249992	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		329749
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1638786
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10640459
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) [X] 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)** [X] 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: MCCLAIN SMITH & WENZ, PC **(2)** EIN: 38-3382520

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	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?	**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		21029552
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.)	**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**			

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 419601.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **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 02/01/2021 and ending 01/31/2022

A Name of plan
INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND & COMM DIV RET

D Employer Identification Number (EIN)
38-6233909

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer CONTI ELECTRIC/CONTI TECHNOLOGIES

b EIN 38-1884765 **c** Dollar amount contributed by employer 623781

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer GEMALLARO SYSTEMS INTEGRATION

b EIN 20-1214111 **c** Dollar amount contributed by employer 502095

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer COMPASS TECH SOLUTIONS

b EIN 46-0305445 **c** Dollar amount contributed by employer 461890

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SUPERIOR ELEC - GREAT LAKES

b EIN 31-1330769 **c** Dollar amount contributed by employer 426770

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MOTOR CITY ELECTRIC

b EIN 38-1405142 **c** Dollar amount contributed by employer 413649

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SHAW SYSTEMS & INTEGRATION

b EIN 38-3395549 **c** Dollar amount contributed by employer 335064

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer K.L.A. LABORATORIES

b EIN 38-0702321 **c** Dollar amount contributed by employer 284989

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 Year 2022

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.42
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.03
b The corresponding number for the second preceding plan year	**15b**	1

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 39.1 % Investment-Grade Debt: 27.0 % High-Yield Debt: _____ % Real Estate: 10.1 % Other: 23.8 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN

WARREN, MICHIGAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED
JANUARY 31, 2022 AND 2021

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN

WARREN, MICHIGAN

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McClain, Smith & Wenz, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA
Bryan L. Wright, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Brotherhood of Electrical Workers
Local Union No. 58 Sound and
Communications Division Retirement Plan

Opinion

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan, which comprise the statements of net assets available for benefits as of January 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 31, 2021, the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan as of January 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended and the accumulated plan benefits as of January 31, 2021, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), at January 31, 2022, and of reportable transactions for the year then ended, (transactions in excess of 5 percent of the current value of plan assets at the beginning of the year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

McClain, Smith & Wong, P.C.

August 11, 2022

INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS LOCAL UNION NO. 58 SOUND AND
COMMUNICATIONS DIVISION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 31, 2022 AND 2021

	2022	2021
Assets		
Investments, at fair value:		
Bond mutual funds	$ 12,271,114	$ 13,201,225
Hedge funds	5,063,826	5,776,013
Mutual & exchange traded funds	24,991,943	19,107,661
Private equity partnerships	8,765,346	5,728,097
Real estate investment funds	7,200,380	4,958,386
Short term common collective funds	459,479	111,193
Total investments	58,752,088	48,882,575
Receivables:		
Employers' contributions	214,000	220,000
Accrued interest & dividends	8,051	5
Due from broker	107,965	-
Associated funds	8,682	7,232
Total receivables	338,698	227,237
Cash	1,244,911	580,460
Other assets	2,480	2,400
Total assets	60,338,177	49,692,672
Liabilities		
Accounts payable	31,630	26,586
Total liabilities	31,630	26,586
Net assets available for benefits	$ 60,306,547	$ 49,666,086

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS LOCAL UNION NO. 58 SOUND AND
COMMUNICATIONS DIVISION RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JANUARY 31, 2022 AND 2021

	2022	%	2021	%
Additions to net assets:				
Investment Income:				
Net appreciation (depreciation) in fair value of investments	$ 5,563,221	45.4	$ 2,918,850	36.1
Investment income	1,377,014	11.2	886,381	10.9
	6,940,235	56.6	3,805,231	47.0
Less: investment expense	(25,051)	(0.2)	(42,989)	(0.5)
	6,915,184	56.4	3,762,242	46.5
Contributions:				
Employers	5,411,881	44.2	4,401,519	54.4
Late payment assessments	5,168	0.0	1,472	0.0
	5,417,049	44.2	4,402,991	54.4
Less: reciprocity	(78,038)	(0.6)	(68,744)	(0.8)
	5,339,011	43.6	4,334,247	53.5
Total additions	12,254,195	100.0	8,096,489	100.0
Deductions from net assets:				
Benefits paid to participants:				
Retirement and disability	1,309,037	10.7	1,164,728	14.4
Administrative expenses	304,697	2.5	293,238	3.6
Total deductions	1,613,734	13.2	1,457,966	18.0
Net increase (decrease)	10,640,461	86.8	6,638,523	82.0
Net assets available for benefits:				
Beginning of year	49,666,086		43,027,563	
End of year	$ 60,306,547		$ 49,666,086	

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 31, 2021

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 11,310,602
Expenses on participants currently receiving benefits	859,606
Other participants	36,537,943
Expenses on other participants	2,776,884
Total vested	51,485,035
Non-vested accumulated benefits	2,826,992
Expenses on non-vested benefits	214,851
Total non-vested	3,041,843
Actuarial present value of accumulated plan benefits	$ 54,526,878

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED JANUARY 31, 2021

Actuarial present value of accumulated plan benefits at beginning of year	$ 51,569,894
Increase (decrease) during the year attributable to:	
Plan amendment	-
Change in actuarial assumptions	(257,367)
Benefits accumulated and experience gain or (loss)	933,498
Interest due to decrease in discount period	3,738,817
Benefits paid	(1,164,726)
Operational expenses paid	(293,238)
Net increase	2,956,984
Actuarial present value of accumulated plan benefits at end of year	$ 54,526,878

See accompanying notes.

Note A - Plan description

The International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan, (the "Plan") is a defined benefit plan that covers substantially all members of IBEW Local 58 who participate in the collectively-bargained sound and communications and residential agreements. The Plan has published and distributed to all participants and beneficiaries the Summary Plan Description (the "SPD") (revised June 1, 2021) describing in layman's language the many provisions of the Plan, including the insurance coverage by the Pension Benefit Guaranty Corporation in the event the Plan is terminated. The SPD invites the participants to contact the Administrator's office for answers to any questions regarding the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The February 1, 2021 actuarial valuation report states the minimum funding requirements of ERISA have been met. The Plan has been certified for 2021 and 2020 as being neither in endangered nor critical status. The period for funding the unfunded actuarial liability was six years per the February 1, 2020 report, and is currently 100% funded in the opinion of the actuary.

Note B - Summary of accounting policies

Basis of accounting and payment of benefits - The financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

Valuation of Investments and income recognition - Investments are stated at fair value. 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 in the fair value of investments includes realized and unrealized gains. For investments that have fair value measurement dates other than January 31st, the Plan has elected to measure fair value using the month end that is closest to the Plan's fiscal year end, which is December 31st.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable to the employers' contributions made to the Plan on behalf of the participants. Accumulated plan benefits include benefits expected to be paid and a related operational expense load to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of service) include all years of credited service, deemed attributable to participants, rendered to the valuation date. The actuarial present value of accumulated plan benefits was determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of benefit payments between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of February 1, 2021 were (a) life expectancy of participants (the PRI-2012 Blue Collar Mortality Table using the MP-2020 projection scale was chosen) (b) retirement age assumptions (it is assumed that 100% of participants will have retired by age 66) (c) investment return (the assumed average rate of return was 7.25%) (d) assumed hourly contribution rate (the rate was increased from $3.70 to $4.17 to reflect a negotiated increase to $4.42 effective July 4, 2021). Assumptions (b) and (d) were changed from the prior year valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note B - Summary of accounting policies (continued)

Employers' Contributions Receivable – Employers' contributions receivable is based on subsequent cash receipts. Management believes all employer contributions are fully collectible and that no allowance for doubtful accounts is necessary.

Note C – Subsequent events

Management has evaluated subsequent events through August 11, 2022, the date the financial statements were available to be issued.

Note D - Investments

The Plan's investments are held for safekeeping by the trust department of Comerica Bank. The Board of Trustees has executed contracts with designated investment managers with authority to act within certain investment policies.

Note E - Funding policy

Employers who have entered into collective bargaining agreements with the Union pay the full cost of providing benefits under the Plan. The hourly contribution rate was increased to $4.42 effective July 4, 2021 from $3.92 and to $3.92 effective July 5, 2020 from $3.42.

Note F - Derivative financial instruments

The Board of Trustees has established an investment policy which prescribes the uses of derivative instruments by investment managers. This policy states that unless a specific type of derivative is expressly and specifically permitted, any investment manager must seek affirmative permission from the Board of Trustees.

Note G - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to 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 change could materially affect the amounts reported in the statement of net assets available for benefits and the statements of changes in net assets available for benefits.

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

Note H - Commitments

Future commitments to invest approximate $6,551,000 for private equity partnerships and real estate investment funds.

Note I – Plan amendment

The credited service earned for hours worked between 1,700 and 1,799 was changed from 0.9 to 1.0, effective February 1, 2020.

Note J – Related party and party in interest transactions

The costs associated with administrating all the Electrical Workers' Joint Board of Trustees benefit funds are allocated among the related funds in what management believes is an equitable manner. The employees of the Electrical Workers' Insurance Fund (EWIF) perform record keeping services, and the Plan is charged for these services. The common costs for which the EWIF charged the Plan for the year ended January 31, 2022 and 2021 were $196,978 and $184,186, respectively, and are included in the statement of changes in net assets available for benefits. There was $14,655 payable to the EWIF at January 31, 2022, and $21,660 payable to the EWIF at January 31, 2021.

The Plan collected administrative service fees from the related funds for the years ended January 31, 2022 and 2021.

ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, and any person who provides services to the Plan. Three Board of Trustees members are currently plan participants.

Fees paid by the Plan for legal, accounting, actuarial, computing and other administrative expense services for the years ended January 31, 2022 and 2021 were party in interest transactions, which are exempt from prohibited transaction rules.

The Plan held shares of a common collective trust (short term funds) during 2022 and 2021 which were managed by Comerica Bank (Comerica). Comerica is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules.

Note K - Federal income tax status

The Plan has been determined to be exempt from Federal Income Tax, except for net income derived from unrelated business activities. Management believes that they have appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements. The Internal Revenue Service has determined and informed the Plan by a letter dated June 3, 2015 that the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, management and legal counsel believe that the Plan continues to qualify and to operate as designed.

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

Note L - Plan termination

In the event the Plan terminates, the net assets of the plan will be allocated in accordance with federal statutes and related regulations, which requires under certain circumstances that benefits may be reduced. The Federal government has created an agency called the Pension Benefit Guaranty Corporation (PBGC) (a U. S. government agency) for the purpose of insuring certain benefits under certain circumstances if a pension plan terminates. The Plan pays a premium for each participant to the PBGC, but special provisions of the law govern the extent to which benefits are insured by the PBGC. A narrative of the limits of PBGC coverage is described in the SPD.

Note M - Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* establish a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs, the lowest priority, are utilized when Level 1 or Level 2 inputs are not available. The three levels are described as follows:

Level 1 — The fair values of common stocks, mutual funds and real estate investment trusts are based on quoted market prices in active markets for identical securities.

Level 2 — Prices determined using other significant observable inputs. Observable inputs that other market participants would use in pricing a security, including quoted prices for similar securities in active markets.

Level 3 — Prices determined using significant unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value.

Level 1 inputs

Common stocks: Valued at the closing price reported on major stock exchanges.

Mutual funds, real estate investment trusts and exchange traded funds: Valued at the closing price reported in the market where the security is traded.

Level 2 inputs

Common collective funds: Value is based on the fair value of underlying assets.

Investments measured at net-asset-value

Private equity partnerships: These investments are valued at the net asset value of the respective partnership.

Real estate investments funds: Funds are invested in limited partnerships which invest in various forms of real estate holdings. Valuations in real estate involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction. Fair values are estimated based upon income, cost and sales comparison, external appraisals, occupancy rates, rental rates, interest and inflation. These investments are valued at their net asset value.

Hedge funds: Valued based primarily on the underlying assets of the entity. Such market value estimates involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction. The hedge funds' objectives are to use varied types of positions in both domestic and international markets with the goal of generating safe returns. These investments are valued at the net asset value of the respective fund.

The following summary of the inputs as of January 31, 2022 and 2021, in valuing investments carried at fair value on a recurring basis as described in the summary of accounting policies footnote is as follows:

Note M - Fair value measurements (continued)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
January 31, 2022	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common collective funds	$ 459,479		$ 459,479	
Bond mutual funds	12,271,114	$ 12,271,114		
Mutual fund	20,211,912	20,211,912		
Exchange traded fund	4,780,031	4,780,031		
Measured at net asset value:				
Private equity partnerships	8,765,346			
Real estate investments	7,200,380			
Hedge funds	5,063,826			
	$ 58,752,088	$ 37,263,057	$ 459,479	$ -

January 31, 2021	Fair Value	(Level 1)	(Level 2)	(Level 3)
Common collective funds	$ 111,193		$ 111,193	
Bond mutual funds	13,201,225	$ 13,201,225		
Mutual fund	15,384,361	15,384,361		
Exchange traded fund	3,723,300	3,723,300		
Measured at net asset value:				
Private equity partnerships	5,728,097			
Real estate investments	4,958,386			
Hedge funds	5,776,013			
	$ 48,882,575	$ 32,308,886	$ 111,193	$ -

Note M - Fair value measurements (continued)

Authoritative guidance on fair value measurements permits the Fund to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value per share or its equivalent (NAV) of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The following table summarizes the Plan's investments in certain entities that calculate net asset value per share as fair value measurement as of January 31, 2021 and 2020 by investment strategy:

	Fair Value		Unfunded	Redemption	Redemption
	2022	2021	Commitment	Frequency	Notice
a. Real estate investment fund	$ 4,956,685	$ 4,114,882	$ -	quarterly	1-90 days
b. Real estate investment fund	1,137,444	467,124	727,371	illiquid	-
c. Real estate investment fund	1,106,251	376,380	585,000	illiquid	-
d. Private equity partnership	436,596	354,108	151,786	illiquid	-
e. Private equity partnership	1,964,618	2,016,464	829,913	illiquid	-
f. Private equity partnership	1,156,043	1,098,532	401,308	illiquid	-
g. Private equity partnership	1,442,734	785,743	768,518	illiquid	-
h. Private equity partnership	1,257,395	578,404	1,255,595	illiquid	-
i. Private equity partnership	2,507,960	894,846	1,831,017	illiquid	-
j. Hedge fund	347,009	1,740,558	-	quarterly	100 days
k. Hedge fund	1,547,821	1,309,633	-	quarterly	90 days
l. Hedge fund	3,168,996	2,725,822	-	quarterly	95 days
	$ 21,029,552	$ 16,462,496	6,550,508		

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

a. The fund was formed as an open-ended investment fund with a permanent existence, subject to termination with an amended partnership agreement. The fund has been organized to allow Taft-Hartley plans to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or function obsolescence.

b. The partnership is a "feeder fund" to accommodate structuring requirements of tax exempt investors to invest in an underlying fund. The underlying fund invests in private office, apartment and other commercial real estate, or real estate securities in the U.S., Europe and Asia. The partnership expires on December 21, 2028 unless extended by the General Partner.

c. The partnership was formed to acquire, hold, manage and dispose of investment in real estate private equity funds for income and capital appreciation. The partnership will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the partnership agreement.

d. The partnership's primary activity is to invest in mezzanine investments in companies and projects providing products and services throughout the entirety of the energy value chain. The partnership is scheduled to terminate on June 30. 2026, unless extended or dissolved sooner in accordance with the partnership agreement.

Note M - Fair value measurements (continued)

e. The partnership was formed primarily for the purposes directly or indirectly through one or more subsidiaries, to (a) acquire, improve, maintain, own, operate, manage, finance, refinance, hold, divide, aggregate, grant options with respect to, sell, reposition, exchange and otherwise deal in and with portfolio investments, (b) acquire, hold and dispose of interim investments, and (c) engage in any other activities necessary, related to investing in large-scale infrastructure projects. The partnership shall continue until the later of (i) the 15th anniversary of the closing of the last portfolio investment, or (ii) the date upon which the partnership has sold its interest in the last portfolio investment.

f. The partnership is a feeder fund in a master-feeder structure whereby the partnership invests substantially all of its assets in a private equity fund (the "Main Fund"), a Delaware limited partnership. The Main Fund, in turn, makes investments in primary partnership investments, co-investments and secondary transactions. The partnership expires on October 26, 2026 unless extended by the General Partner.

g. The partnership's primary activity is to invest on an opportunistic basis in the equity, debt, and other instruments of operationally sound, financially distressed companies in accordance with the amended and restated limited partnership agreement. The partnership is scheduled to terminate on June 29. 2027, unless extended or dissolved sooner in accordance with the partnership agreement.

h. The partnership is a "feeder fund" that invests in the master fund. The partnership's investment objective is to achieve private equity returns while taking less than commensurate risk by obtaining significant influence of primarily middle-market companies through the purchase of distressed debt at a discount, structured equity investments, and/or direct equity investment in distressed entities. The partnership is an exempted limited partnership formed in accordance with the laws of the Cayman Islands. The partnership will terminate on April 24, 2028, unless extended or terminated earlier in accordance with the partnership agreement.

i. The partnership's purpose is to principally invest in traditional secondaries, non-traditional secondaries and other opportunistic secondary investments, including underlying portfolio companies, swaps, options and forward currency contracts. The partnership looks to achieve its investment objective through a Cayman Island limited partnership.

j. The fund's objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investments managers selected by the General Partner. The General Partner has decided to cease the investment operations of the partnership on December 14, 2020, resulting in the liquidation basis of accounting being used. The change in basis of accounting did not result in any meaningful difference in fair value .

k. The principal investment objective of the fund is to achieve superior risk-adjusted total returns by investing, directly or indirectly through its investment in its master fund, primarily in public and private non-investment grade and non rated debt securities. Securities and other instruments acquired by the fund may include, but are not limited to, all types of debt obligations including bank debt, public and private equity, options, swaps and real estate related instruments.

l. Through its investment in its master fund, the fund seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.

Note N - Net appreciation in the market value of investments

During 2022 and 2021 the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

	2022	2021
Determined by quoted market price	$ 2,053,871	$ 2,413,679
At estimated fair value	3,509,350	505,171
Total	$ 5,563,221	$ 2,918,850

SUPPLEMENTAL INFORMATION

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
EIN 38-6233909 PLAN 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END O **January 31, 2022**

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE			(d) COST	(e) CURRENT VALUE
*	COMERICA SHORT TERM FUND		SHORT TERM INVESTMENTS	284361.9	284,362	284,362
	HAMILTON LANE PRIVATE EQUITY	OFFSHORE VIII LP	CLOSELY HELD - EQUITY	1100731	834,867	1,156,043
	MCMORGAN INFRASTRUCTURE FUND I	LP	CLOSELY HELD - EQUITY	1857513.91	1,120,219	1,964,618
	CARLYLE ENERGY MEZZANINE	OPPORTUNITIES FUND	CLOSELY HELD - EQUITY	433312	496,430	436,596
	CARLYLE STRATEGIC PARTNERS IV LP		CLOSELY HELD - EQUITY	1423915	1,239,389	1,442,734
	ENTRUSTPERMAL MIDWEST PARTNERS		CLOSELY HELD - EQUITY	347009	269,869	347,009
	METROPOLITAN REAL ESTATE	PARTNERS SECONDAR	CLOSELY HELD - EQUITY	878765.9	903,464	915,750
	OAKTREE SPECIAL SITUATIONS FUND	II (FEEDER), L.P.	CLOSELY HELD - EQUITY	1062837	875,905	1,257,395
	TOWNSEND REAL ESTATE ALPHA FUND	III LP	CLOSELY HELD - EQUITY	973872	915,588	1,106,251
	VINTAGE VIII OFFSHORE SCSP		CLOSELY HELD - EQUITY	1999743	1,262,921	2,507,960
	METROPOLITAN REAL ESTATE	PARTNERS SECONDAR	CLOSELY HELD - EQUITY	224773.9	200,923	221,694
	ENTRUST SPECIAL OPPORTUNITIES	FUND III LTD CLASS H (	CIF - OTHER	2371028	2,027,466	2,449,712
	ENTRUST SPECIAL OPPORTUNITIES	FUND III LTD CLASS A	PARTNERSHIPS ALT INVESTM	859135	585,604	719,284
	GOLDEN TREE OFFSHORE FUND, LTD.	CLASS D2	PARTNERSHIPS ALT INVESTM	1532.1734	955,000	1,547,821
	AMERICAN CORE REALTY FUND LLC		SUNDRY ASSETS	34.251	3,558,000	4,956,685
	BAIRD CORE PLUS BD FD INSTL CL	SHS	OPEN END MF - FIXED INC TA)	1077358.6	12,165,841	12,271,114
*	COMERICA SHORT TERM FUND		SHORT TERM INVESTMENTS	175116.92	175,117	175,117
	FIDELITY 500 INDEX FUND-AI		OPEN END MF - EQUITY	46665.14	4,733,427	7,315,227
	ISHARES MSCI ACWX INDEX FUND		CLOSED END MF - EQUITY	88225	3,739,387	4,780,031
	PIMCO HIGH YIELD FD INSTL		OPEN END MF - FIXED INC TA)	389024.964	3,460,870	3,396,188
	VANGUARD EMERGING MARKETS STOC	INDEX-ADM	OPEN END MF - EQUITY	49082.736	1,952,254	2,020,736
	VANGUARD VALUE INDEX FD ADM		OPEN END MF - EQUITY	68746.801	2,970,907	3,904,131
	VIRTUS ALLIANZGI NFJ MID-CAP	VALUE FUND	OPEN END MF - EQUITY	100608.605	3,330,062	3,575,630
				TOTALS	48,057,871	58,752,088

Report Of 5% Transactions

BY ASSET VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS

NO REPORTABLE TRANSACTIONS

International Brotherhood of Electrical Workers
Local Union NO.58 Sound and Communications Division
Retirement Plan
EIN 38 6233909 Plan NO. 002 1/31/2022
Schedule H, Line 4j-Schedule of Reportable Transactions

Report Of 5% Transactions

AGGREGATE BY ASSET VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 057071870						
BAIRD CORE PLUS BD FD INSTL CL						
SHS	BUY	02/12/2021	400,000.00		400,000.00	
ACCOUNT 1055056827		33,222.591			400,000.00	
	BUY	03/02/2021	27,313.15		27,313.15	
ACCOUNT 1055056827		2,314.674			27,313.15	
	SEL	03/05/2021	2,000,000.00		1,903,524.59	43,877.89-
ACCOUNT 1055056827		169,491.525			2,043,877.89	
	BUY	03/29/2021	20,409.03		20,409.03	
ACCOUNT 1055056827		1,739.900			20,409.03	
	BUY	04/28/2021	22,263.38		22,263.38	
ACCOUNT 1055056827		1,886.727			22,263.38	
	BUY	05/27/2021	22,272.28		22,272.28	
ACCOUNT 1055056827		1,885.883			22,272.28	
	BUY	06/29/2021	22,160.83		22,160.83	
ACCOUNT 1055056827		1,874.859			22,160.83	
	BUY	07/29/2021	22,612.91		22,612.91	
ACCOUNT 1055056827		1,887.555			22,612.91	
	BUY	08/18/2021	350,000.00		350,000.00	
ACCOUNT 1055056827		29,264.214			350,000.00	
	BUY	08/27/2021	20,981.56		20,981.56	
ACCOUNT 1055056827		1,761.676			20,981.56	
	BUY	09/28/2021	21,784.29		21,784.29	
ACCOUNT 1055056827		1,833.694			21,784.29	
	BUY	10/22/2021	700,000.00		700,000.00	
ACCOUNT 1055056827		59,625.213			700,000.00	
	BUY	10/28/2021	26,201.14		26,201.14	
ACCOUNT 1055056827		2,227.988			26,201.14	
	BUY	11/29/2021	22,774.53		22,774.53	
ACCOUNT 1055056827		1,948.206			22,774.53	
	BUY	12/22/2021	74,481.42		74,481.42	
ACCOUNT 1055056827		6,360.497			74,481.42	
	BUY	01/14/2022	31,757.04		31,757.04	
ACCOUNT 1055056827		2,723.588			31,757.04	
	BUY	01/27/2022	19,002.34		19,002.34	
ACCOUNT 1055056827		1,663.953			19,002.34	
16 PURCHASES FOR	1,804,013.90	1 SALES FOR	2,000,000.00	ISSUE AGGREGATE TOTAL	3,804,013.90	
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND	BUY	02/01/2021	0.53		0.53	
ACCOUNT 1055045983		0.530			0.53	
	BUY	02/01/2021	0.02		0.02	
ACCOUNT 1055048123		0.020			0.02	
	BUY	02/01/2021	1.71		1.71	
ACCOUNT 1055056827		1.710			1.71	
	SEL	02/01/2021	852.25		852.25	
ACCOUNT 1055048123		852.250			852.25	

Report Of 5% Transactions

AGGREGATE BY ASSET VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND						
	BUY	02/01/2021	852.25		852.25	
ACCOUNT 1055056827		852.250			852.25	
	BUY	02/11/2021	400,000.00		400,000.00	
ACCOUNT 1055056827		400,000.000			400,000.00	
	SEL	02/12/2021	445,000.00		445,000.00	
ACCOUNT 1055056827		445,000.000			445,000.00	
	BUY	03/01/2021	0.20		0.20	
ACCOUNT 1055045983		0.200			0.20	
	BUY	03/01/2021	0.59		0.59	
ACCOUNT 1055056827		0.590			0.59	
	BUY	03/05/2021	1,000,000.00		1,000,000.00	
ACCOUNT 1055056827		1,000,000.000			1,000,000.00	
	SEL	03/08/2021	999,284.04		999,284.04	
ACCOUNT 1055056827		999,284.040			999,284.04	
	BUY	03/30/2021	34,067.00		34,067.00	
ACCOUNT 1055045983		34,067.000			34,067.00	
	BUY	04/01/2021	0.51		0.51	
ACCOUNT 1055045983		0.510			0.51	
	BUY	04/01/2021	3.50		3.50	
ACCOUNT 1055056827		3.500			3.50	
	SEL	04/19/2021	30,000.00		30,000.00	
ACCOUNT 1055045983		30,000.000			30,000.00	
	BUY	05/03/2021	0.77		0.77	
ACCOUNT 1055045983		0.770			0.77	
	BUY	05/03/2021	0.63		0.63	
ACCOUNT 1055056827		0.630			0.63	
	BUY	05/12/2021	1,306,424.00		1,306,424.00	
ACCOUNT 1055045983		1,306,424.000			1,306,424.00	
	SEL	05/21/2021	35,000.00		35,000.00	
ACCOUNT 1055045983		35,000.000			35,000.00	
	BUY	05/26/2021	103,174.00		103,174.00	
ACCOUNT 1055045983		103,174.000			103,174.00	
	BUY	06/01/2021	12.19		12.19	
ACCOUNT 1055045983		12.190			12.19	
	BUY	06/01/2021	0.60		0.60	
ACCOUNT 1055056827		0.600			0.60	
	SEL	06/01/2021	57,145.00		57,145.00	
ACCOUNT 1055045983		57,145.000			57,145.00	
	SEL	06/09/2021	1,000,000.00		1,000,000.00	
ACCOUNT 1055045983		1,000,000.000			1,000,000.00	
	BUY	06/09/2021	1,000,000.00		1,000,000.00	
ACCOUNT 1055056827		1,000,000.000			1,000,000.00	
	SEL	06/10/2021	1,000,000.00		1,000,000.00	
ACCOUNT 1055056827		1,000,000.000			1,000,000.00	
	BUY	06/16/2021	54,420.80		54,420.80	
ACCOUNT 1055056827		54,420.800			54,420.80	

International Brotherhood of Electrical Workers
Local Union NO.58 Sound and Communications Division
Retirement Plan
EIN 38 6233909 Plan NO. 002 1/31/2022
Schedule H, Line 4j-Schedule of Reportable Transactions

Report Of 5% Transactions

AGGREGATE BY ASSET VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND						
ACCOUNT 1055045983	BUY	06/29/2021 40,433.000	40,433.00		40,433.00	
ACCOUNT 1055045983	BUY	07/01/2021 8.890	8.89		8.89	
ACCOUNT 1055056827	BUY	07/01/2021 1.360	1.36		1.36	
ACCOUNT 1055045983	BUY	07/23/2021 179,709.760	179,709.76		179,709.76	
ACCOUNT 1055045983	BUY	08/02/2021 5.550	5.55		5.55	
ACCOUNT 1055056827	BUY	08/02/2021 1.190	1.19		1.19	
ACCOUNT 1055045983	BUY	08/04/2021 96,837.000	96,837.00		96,837.00	
ACCOUNT 1055045983	BUY	08/11/2021 265,003.240	265,003.24		265,003.24	
ACCOUNT 1055056827	BUY	08/17/2021 350,000.000	350,000.00		350,000.00	
ACCOUNT 1055045983	SEL	08/18/2021 50,989.190	50,989.19		50,989.19	
ACCOUNT 1055056827	SEL	08/18/2021 350,000.000	350,000.00		350,000.00	
ACCOUNT 1055045983	SEL	08/23/2021 143,500.000	143,500.00		143,500.00	
ACCOUNT 1055045983	BUY	09/01/2021 9.880	9.88		9.88	
ACCOUNT 1055056827	BUY	09/01/2021 1.380	1.38		1.38	
ACCOUNT 1055045983	SEL	09/03/2021 6,527.000	6,527.00		6,527.00	
ACCOUNT 1055045983	SEL	09/17/2021 87,500.000	87,500.00		87,500.00	
ACCOUNT 1055045983	SEL	09/20/2021 135,000.000	135,000.00		135,000.00	
ACCOUNT 1055045983	BUY	10/01/2021 10.300	10.30		10.30	
ACCOUNT 1055056827	BUY	10/01/2021 1.520	1.52		1.52	
ACCOUNT 1055045983	BUY	10/21/2021 2,820.320	2,820.32		2,820.32	
ACCOUNT 1055056827	BUY	10/21/2021 700,000.000	700,000.00		700,000.00	
ACCOUNT 1055056827	SEL	10/22/2021 700,000.000	700,000.00		700,000.00	
ACCOUNT 1055045983	BUY	10/29/2021 51,060.000	51,060.00		51,060.00	

International Brotherhood of Electrical Workers
Local Union NO.58 Sound and Communications Division
Retirement Plan
EIN 38 6233909 Plan NO. 002 1/31/2022
Schedule H, Line 4j-Schedule of Reportable Transactions

Report Of 5% Transactions

AGGREGATE BY ASSET VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND						
ACCOUNT 1055045983	BUY	11/01/2021 7.070	7.07		7.07	
ACCOUNT 1055056827	BUY	11/01/2021 1.570	1.57		1.57	
ACCOUNT 1055045983	BUY	11/01/2021 2,129.000	2,129.00		2,129.00	
ACCOUNT 1055045983	BUY	11/02/2021 65,133.000	65,133.00		65,133.00	
ACCOUNT 1055045983	BUY	12/01/2021 11.930	11.93		11.93	
ACCOUNT 1055056827	BUY	12/01/2021 1.820	1.82		1.82	
ACCOUNT 1055045983	SEL	12/06/2021 60,000.000	60,000.00		60,000.00	
ACCOUNT 1055045983	SEL	12/13/2021 140,000.000	140,000.00		140,000.00	
ACCOUNT 1055048123	BUY	12/15/2021 2,648.150	2,648.15		2,648.15	
ACCOUNT 1055056827	BUY	12/17/2021 72,198.140	72,198.14		72,198.14	
ACCOUNT 1055045983	BUY	12/20/2021 200,129.000	200,129.00		200,129.00	
ACCOUNT 1055045983	SEL	12/21/2021 90,000.000	90,000.00		90,000.00	
ACCOUNT 1055045983	SEL	12/22/2021 160,033.580	160,033.58		160,033.58	
ACCOUNT 1055045983	BUY	01/03/2022 16.050	16.05		16.05	
ACCOUNT 1055048123	BUY	01/03/2022 0.050	0.05		0.05	
ACCOUNT 1055056827	BUY	01/03/2022 4.420	4.42		4.42	
ACCOUNT 1055048123	SEL	01/03/2022 2,648.150	2,648.15		2,648.15	
ACCOUNT 1055045983	BUY	01/03/2022 2,648.200	2,648.20		2,648.20	
ACCOUNT 1055048123	SEL	01/05/2022 0.050	0.05		0.05	
ACCOUNT 1055056827	BUY	01/05/2022 7,542.090	7,542.09		7,542.09	
ACCOUNT 1055045983	SEL	01/10/2022 95,667.000	95,667.00		95,667.00	
ACCOUNT 1055056827	BUY	01/12/2022 99.390	99.39		99.39	
50 PURCHASES FOR	5,937,432.57	22 SALES FOR	5,589,146.26	ISSUE AGGREGATE TOTAL	11,526,578.83	

International Brotherhood of Electrical Workers
Local Union NO.58 Sound and Communications Division
Retirement Plan
EIN 38 6233909 Plan NO. 002 1/31/2022
Schedule H, Line 4j-Schedule of Reportable Transactions

Report Of 5% Transactions

AGGREGATE BY BROKER VALUATION 48,241,300.94 THRESHOLD 2,412,065.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS

NO REPORTABLE TRANSACTIONS

International Brotherhood of Electrical Workers
Local Union NO.58 Sound and Communications Division
Retirement Plan
EIN 38 6233909 Plan NO. 002 1/31/2022
Schedule H, Line 4j-Schedule of Reportable Transactions

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58

SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN

EIN 38-6233909 PLAN 002 January 31, 2022

ATTACHMENT TO SCHEDULE MB, LINE 3(d)

THE TOTAL WITHDRAWAL LIABILITY AMOUNT IS ACTUALLY "ZERO" FOR THE YEAR 1/31/2022.
THE TAX PREPARATION SOFTWARE REQUIRES A NUMBER GREATER THAN ZERO
TO PREVENT AN E-FILING ERROR FROM OCCURRING.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 02/01/2021 and ending 01/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTL BROTHERHOOD OF ELEC WORKERS LOC 58 SOUND AND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTL BROTHERHOOD OF ELEC WORKERS
LOC 58 SOUND AND COMMUNICATIONS DIV

D Employer Identification Number (EIN)
38-6233909

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

1a Enter the valuation date: Month 2 Day 1 Year 2021

b	Assets		
(1)	Current value of assets	1b(1)	49,666,088
(2)	Actuarial value of assets for funding standard account	1b(2)	50,699,120
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	61,222,022
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	50,675,537
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	131,621,420
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,164,653
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,561,878
(3)	Expected plan disbursements for the plan year	1d(3)	1,577,887

Statement by Enrolled Actuary

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

SIGN HERE

Kathryn A. Garrity

Signature of actuary

9/14/2022

Date

Kathryn A. Garrity, FSA, EA, MAAA

Type or print name of actuary

20-05379

Most recent enrollment number

United Actuarial Services, Inc.

Firm name

(317) 580-8688

Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	49,666,088
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		178	18,736,965
(2) For terminated vested participants		529	33,985,186
(3) For active participants:			
(a) Non-vested benefits			7,379,450
(b) Vested benefits			71,519,819
(c) Total active		810	78,899,269
(4) Total		1,517	131,621,420
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	37.73%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)		c) Amount paid by employees	
1/31/2022	5,333,843							
			Totals ▶	3(b)	5,333,843	3(c)		0
(d) Total withdrawal liability amounts included in line 3(b) total						3(d)		

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	100.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.05 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.25 %		7.25 %	
e Expense loading	**6e**	23.1 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	8.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-166,775	-17,344
4	-322,483	-33,537

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	1,150,731
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	24,987,487	3,231,709
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	317,726
e Total charges. Add lines 9a through 9d		**9e**	4,700,166

Credits to funding standard account:				
f Prior year credit balance, if any			9f	12,184,834
g Employer contributions. Total from column (b) of line 3			9g	5,333,843
		Outstanding balance		
h Amortization credits as of valuation date	9h	2,279,751		461,696
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	1,110,224
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	26,696,482		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	71,741,762		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	19,090,597
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	14,390,431
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	
9 o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year			9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	0
(3) Total as of valuation date			9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☒ Yes ☐ No

IBEW Local Union No. 58
Sound and Communications Division Retirement Plan
EIN: 38-6233909/PN: 002
Attachment to 2021 Schedule MB: Line 6
Statement by Enrolled Actuary

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The I.B.E.W. Local Union No. 58 Sound and Communications Division Retirement Plan, Warren, Michigan was established effective February 1, 1969 as a result of Collective Bargaining Agreements between the Southeastern Michigan Chapter of the National Electrical Contractors' Association, Inc. and Local Union No. 58 of the International Brotherhood of Electrical Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the pension plan is to provide Normal and Early Retirement Benefits, Joint and 50% Survivor Benefits, Joint & 75% Survivor Benefits, Total and Permanent Disability Benefits, Deferred Vested Retirement Benefits, Lump Sum Death Benefits, Pre-Retirement Death Benefits, and Post-Retirement Death Benefits.

PLAN HISTORY (CONT.)

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a partial listing of hourly pension contribution rates.

Effective Date *	Hourly Contribution Rate
03-01-1998	$ .50
03-04-2007	.55
11-04-2007	.64
03-01-2008	.67
09-01-2008	.80
09-01-2009	1.20
07-03-2016	1.95
07-02-2017	2.20
07-01-2018	3.17
07-02-2019	3.42
07-05-2020	3.92
07-04-2021	4.42**

* Dates differ for residential contracts
** Does not apply to residential contracts

Reciprocity

The fund has entered into money-follows-man reciprocity agreements with other IBEW pension funds.

SUMMARY OF PLAN PROVISIONS

Participation

Upon employment with an employer that is required under the terms of a pension agreement to remit contributions to the Pension Fund on behalf of the employee

Plan year

The twelve-month period beginning February 1 and ending January 31.

Hours of service

300 hours of work is equivalent to 345 hours of service.

Vesting/eligibility service

One year of vesting/eligibility service for 1,000 hours of service; or, credited service earned during the year, if greater. A maximum of one year of vesting/eligibility service can be earned during each plan year if work is performed which is not within the Plan's definition of "Employee".

Credited service

Years of credited service are based on hours of service accrued during each plan year, according to the following table:

Hours of Service	Years of Credited Service Earned:
<100	None
100-199	0.1
200-299	0.2
300-499	0.3
500-699	0.4
700-899	0.5
900-1099	0.6
1100-1299	0.7
1300-1499	0.8
1500-1699	0.9
1700-1999	1.0
2000-2199	1.1
2200-2399	1.2
2400-2599	1.3
2600-2799	1.4
2800-2999	1.5
3000-3199	1.6
3200-3399	1.7
3400-3599	1.8
3600-3799	1.9
3800+	2.0

Break in service

Two consecutive years of less than 0.1 years of credited service; waived if disabled

SUMMARY OF PLAN PROVISIONS (CONT.)

Normal retirement benefit	
Eligibility	Age 65 and the 5th anniversary of plan participation
Monthly amount	$65.00 per year of credited service. Payable for life.
Early retirement benefit	
Eligibility	Age 60 and 10 years of eligibility service
Monthly amount	Normal reduced by 1/2 of 1% for each month under age 65. Payable for life.
Deferred vested retirement benefit	
Eligibility	Participant or inactive participant with 5 years of vesting service. Ineligible for any other benefit.
Monthly amount	100% of normal, or reduced early, if eligible.
Total and permanent disability benefit	
Eligibility	Active participant who becomes totally and permanently disabled
Benefit	• Less than 5 years of credited service: return of employer contributions payable immediately in a single lump sum. • 5-9 years of credited service: choice of deferred vested benefit payable monthly beginning the month following the month of their 65th birthday or, if equal or greater value, the return of employer contributions payable immediately in a single lump sum. • 10+ years of credited service: accrued normal payable monthly until earlier of age 65, early retirement age (if elected), recovery or death.
Optional forms of payment	• Joint and 50% Survivor* • Joint and 75% Survivor* * Includes subsidized pop-up feature

SUMMARY OF PLAN PROVISIONS (CONT.)

Pre-retirement surviving spouse death benefit	
Eligibility	Death of active or inactive participant with at least 5 years of eligibility service, or disabled participant receiving monthly disability benefits, or retired participant whose benefits have not yet begun; with a surviving spouse.
Benefit	50% of participant's joint and 50% survivor benefit, payable monthly beginning at the participant's earliest retirement age for the surviving spouse's lifetime. If the surviving spouse is eligible to receive the 2-year temporary death benefit, these benefit payments will not begin until after the 2-year temporary death benefit has expired.
Pre-retirement death benefit 2-year temporary	
Eligibility	Death of active participant with at least 5 years of eligibility service, or disabled participant receiving monthly disability benefits, or retired participant whose benefits have not yet begun.
Benefit	Normal retirement benefit, payable for 24 months or until death of spouse. If participant was single, payable in equal shares to minor children (under the age of 19) for 24 months or until death of last minor child.
Lump sum death benefit	
Eligibility	Death of active participant
Benefit	$100 per year of credited service, payable as a lump sum within 5 years of death
Post-retirement death benefit	
Eligibility	Normal or early retirement. Not payable to deferred vested retirement.
Monthly amount	$100 per year of credited service less benefits paid, payable as a lump sum within 5 years of death

IBEW LOCAL UNION NO. 58
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
EIN: 38-6233909/PN: 002
ATTACHMENT TO 2021 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions
Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	February 1, 2021
Interest rates	
ERISA rate of return used to value liabilities	7.25% per year net of investment expenses
Unfunded vested benefits	7.25% per year net of investment expenses
Current liability	2.05% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
Funding	$275,000 per year excluding investment expenses
ASC 960	A 7.60% load was applied to the accrued liabilities for 2021 (8.00% for 2020).
Loading for pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.7%; liabilities for retired participants receiving a joint and survivor form of benefit increased 1.9%.
Mortality	
Assumed plan mortality	105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.
Current liability	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

15% per year for first five years of participation; ultimate specimen rates shown below:

Age	Withdrawal Rate
25	.0529
30	.0507
35	.0470
40	.0350
45	.0177
50	.0040

Disability

50% of 1964 OASDI table:

Age	Disability Rate
25	.0004
30	.0006
35	.0007
40	.0011
45	.0018
50	.0030
55	.0050
60	.0081

Retirement

Active lives

According to the following schedule:

Age	Retirement rate
60	.05
61	.00
62	.25
63	.15
64	.15
65	.50
66	1.00

Resulting in an average expected retirement age of 64.5.

Inactive vested lives

For those with 10 or more years of service 63 or current age, if older

For those with less than 10 years of service 65 or current age if older

Disabled lives

Disability benefit payable until normal retirement age

ACTUARIAL ASSUMPTIONS (CONT.)

Future hours worked	
Vested lives	1,750 hours per year, 0 after assumed retirement age
Non-vested lives	1,200 hours per year, 0 after assumed retirement age
Non-working lives	0 hours per year
Future hourly contribution rate	$4.17 per hour
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.
Marriage assumptions	75% assumed married with the male spouse 3 years older than his wife.
Optional form assumption	All non-retired participants assumed to elect the life only form of benefit.
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to February 1, 2020 are still assumed to be deceased.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences.
Section 415 limit assumptions	
Dollar limit	$230,000 per year
Assumed form of payment for those limited by Section 415	Qualified joint and 75% survivor annuity.
Benefits not valued	• Pre-retirement death benefits following disability. • Pre-retirement death benefits following withdrawal for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 survey of investment consultants. Based on this analysis, we selected a final assumed rate of 7.25%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities. Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.
Mortality	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of plan participants. Finally, a multiplier of 105% for males and 95% for females was applied. This was based on a study of data from larger plans in similar industries.
Retirement	Actual rates of retirement by age were last studied for the period February 1, 2016 to January 31, 2021. The assumed future rates of retirement were selected based on the results of this study.
Withdrawal	Actual rates of withdrawal by age were last studied for the period February 1, 2015 to January 31, 2020. No further adjustments were deemed necessary at this time.
Future hours worked	Based on a review of recent plan experience.

ACTUARIAL METHODS

Funding method	
ERISA Funding	Individual entry age normal with costs spread as a level dollar amount over service
Funding period	Individual entry age normal with costs spread as a level dollar amount over service
Population valued	
Actives	Eligible employees with at least one hour during the preceding two plan years. Active employees with no hours in the immediately preceding plan year are considered 'not working'.
Inactive vested	Vested participants with no hours during the preceding two plan years.
Retirees	Participants and beneficiaries in pay status as of the valuation date.
Participants not reported	Inactive non-vested participants with less than 100 hours worked are not reported in the data.
Asset valuation method	
Actuarial value	Smoothed market value without phase-in effective January 1, 2008. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
Unfunded vested benefits	For the presumptive method, market value is used.

IBEW Local Union No. 58
Sound and Communications Division Retirement Plan
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Attachment to 2021 Schedule MB: Line 11
Statement by Enrolled Actuary

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions
The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were changed from 100% of the PRI-2012 Blue Collar Mortality Table to 105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Table and the mortality projection scale was updated from MP-2019 to MP-2020. These changes were made we wanted to reflect the latest mortality improvement data available.

- The assumed hourly contribution rate was increased from $3.70 to $4.17 to fully reflect the negotiated increase effective July 5, 2020 and to partially reflect the negotiated increase effective July 4, 2021 for non-residential participants. This also fully reflects the residential negotiated increase effective in September 2020.

- The assumed retirement rates were changed according to the schedule in Appendix B to represent our best estimate of future retirement patterns based on recent plan experience.

- The assumed disability rates were changed according to the schedule in Appendix B to represent our best estimate of future disablement patterns based on recent plan experience.

- The assumed retirement age for inactive vested participants with 10 or more years of service was lowered from age 65 to age 63.

- The expense load on ASC 960 liabilities was changed from 8.00% to 7.60% based on recent plan experience.

- The current liability interest rate was changed from 2.92% to 2.05%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance
In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

IBEW LOCAL UNION NO. 58
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
EIN: 38-6233909/PN: 002
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

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

Below is the projected expected benefit payout from the most recent actuarial valuation. The projections exclude any future accruals.

Plan Year Beginning	Expected Annual Benefit Payments
2021	$ 1,535,455
2022	1,711,497
2023	1,929,936
2024	2,150,859
2025	2,353,730
2026	2,583,949
2027	2,848,058
2028	3,091,792
2029	3,336,194
2030	3,517,522

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
IBEW 58 Sound and Communications Division EIN: 38-6233909/PN: 002
February 1, 2021

	Years of Service									
Attained age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	18	26	3	0	0	0	0	0	0	0
25 to 29	16	47	16	0	0	0	0	0	0	0
30 to 34	10	42	15	11	1	0	0	0	0	0
35 to 39	9	41	26	13	10	3	0	0	0	0
40 to 44	6	30	34	24	22	26	6	0	1	0
45 to 49	6	24	13	16	19	23	21	4	2	0
50 to 54	2	13	16	16	20	22	10	4	2	1
55 to 59	0	9	10	12	16	13	10	8	4	0
60 to 64	0	2	6	8	4	4	4	3	1	0
65 to 69	0	0	1	1	0	1	0	1	1	0
70 & up	0	1	0	0	0	0	0	0	0	0

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STATEMENT BY ENROLLED ACTUARY

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Schedule MB, line 8b(2) - Schedule of Active Participant Data

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IBEW LOCAL UNION NO. 58
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
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ATTACHMENT TO 2021 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

IBEW 58 Sound and Communications Division
EIN: 38-6233909/PN: 002
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		2/1/2021 Outstanding Balance	2/1/2021 Amortization Payment
				Years	Months		
Charges							
2/1/1993	Assumption change		30	2	0	27,932	14,454
2/1/1998	Assumption change		30	7	0	74,006	12,915
2/1/1998	Plan amendment		30	7	0	47,289	8,253
2/1/1999	Plan amendment		30	8	0	462,751	72,959
2/1/2000	Assumption change		30	9	0	240,317	34,759
2/1/2002	Plan amendment		30	11	0	469,175	59,067
2/1/2003	Assumption change		30	12	0	447,070	53,184
2/1/2004	Plan amendment		30	13	0	410,265	46,421
2/1/2008	Experience loss		15	2	0	18,494	9,570
2/1/2009	Experience loss		15	3	0	345,060	123,157
2/1/2010	Plan amendment		15	4	0	233,195	64,555
2/1/2011	Experience loss		15	5	0	289,680	66,316
2/1/2012	Assumption change		15	6	0	679,404	133,928
2/1/2012	Experience loss		15	6	0	367,854	72,514
2/1/2013	Assumption change		15	7	0	35,360	6,171
2/1/2013	Experience loss		15	7	0	205,533	35,870
2/1/2014	Assumption change		15	8	0	816,328	128,705
2/1/2015	Assumption change	598,102	15	9	0	431,827	62,458
2/1/2016	Assumption change	78,145	15	10	0	60,712	8,153
2/1/2016	Experience loss	1,678,328	15	10	0	1,303,943	175,108
2/1/2016	Plan amendment	512,439	15	10	0	398,128	53,465
2/1/2017	Experience loss	1,394,139	15	11	0	1,154,399	145,333
2/1/2018	Assumption change	123,686	15	12	0	108,297	12,883
2/1/2018	Experience loss	1,412,056	15	12	0	1,236,372	147,079
2/1/2018	Plan amendment	683,423	15	12	0	598,394	71,185
2/1/2019	Assumptions	430,530	15	13	0	396,007	44,808
2/1/2019	Experience	1,725,283	15	13	0	1,586,943	179,560
2/1/2019	Plan Changes	6,949,607	15	13	0	6,392,357	723,287
2/1/2020	Amendment Loss	321,407	15	14	0	308,861	33,425
2/1/2020	Assumptions Loss	4,385,765	15	14	0	4,214,568	456,098
2/1/2020	Experience	1,693,054	15	14	0	1,626,966	176,069
				Total Charges:		**24,987,487**	**3,231,709**

IBEW 58 Sound and Communications Division
EIN: 38-6233909/PN: 002
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		2/1/2021 Outstanding Balance	2/1/2021 Amortization Payment
				Years	Months		
Credits							
2/1/1992	Assumption change		30	1	0	13,357	13,357
2/1/1995	Assumption change		30	4	0	133,174	36,866
2/1/2005	Plan amendment		30	14	0	1,405	152
2/1/2007	Experience gain		15	1	0	66,173	66,173
2/1/2010	Experience gain		15	4	0	628,877	174,089
2/1/2014	Experience gain		15	8	0	14,582	2,299
2/1/2015	Experience gain	31,618	15	9	0	22,827	3,302
2/1/2017	Assumption change	1,099,101	15	11	0	910,098	114,577
2/1/2021	Assumptions	322,483	15	15	0	322,483	33,537
2/1/2021	Experience	166,775	15	15	0	166,775	17,344
					Total Credits:	**2,279,751**	**461,696**
					Net Charges:	**22,707,736**	**2,770,013**
					Less Credit Balance:	12,184,834	
					Less Reconciliation Balance:	0	
					Unfunded Actuarial Liability:	**10,522,902**	

IBEW LOCAL UNION NO. 58
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN
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ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.