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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |
| <b>1a</b> Name of plan<br><u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u><br><br><div style="display: flex; justify-content: space-between;"> <div> <u>6700 SCHULTZ RD</u><br/> <u>NIAGARA FALLS, NY 14304-4531</u> </div> <div> <u>6700 SCHULTZ RD</u><br/> <u>NIAGARA FALLS, NY 14304-4531</u> </div> </div> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>05/01/1967</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>16-6094914</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>716-297-3899</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>238210</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | ANGELA STANISZ                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | ANGELA STANISZ                                               |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(1)</b> 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b> 167                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b> 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6c</b> 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b> 381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b> 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b> 419                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                             |  | <b>6h</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b> 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B</b>                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>► <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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.

|                                                                                                                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>IBEW LOCAL UNION NO. 237 PENSION PLAN                                                    | <b>B</b> Three-digit plan number (PN) ► 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IBEW LOCAL UNION NO. 237 PENSION PLAN | <b>D</b> Employer Identification Number (EIN)<br>16-6094914 |

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2022

**b** Assets

|                                                                                                               |                 |           |
|---------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| (1) Current value of assets .....                                                                             | <b>1b(1)</b>    | 17722881  |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b>    | 17040165  |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 60120877  |
| (2) Information for plans using spread gain methods:                                                          |                 |           |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |           |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b> |           |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |           |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 60120877  |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |           |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |           |
| (2) "RPA '94" information:                                                                                    |                 |           |
| (a) Current liability .....                                                                                   | <b>1d(2)(a)</b> | 111609658 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> | 2044083   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | 4496077   |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b>    | 4496007   |

**Statement by Enrolled Actuary**

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

|                               |                                                     |                                               |
|-------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <b>SIGN HERE</b>              |                                                     |                                               |
| Signature of actuary          | BRADFORD L. RIGBY                                   | Date<br>23-07217                              |
| Type or print name of actuary | COWDEN ASSOCIATES, INC.                             | Most recent enrollment number<br>412-394-9330 |
| Firm name                     | FOUR GATEWAY CENTER SUITE 605, PITTSBURGH, PA 15222 | Telephone number (including area code)        |
| Address of the firm           |                                                     |                                               |

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

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

**Schedule MB (Form 5500) 2022**  
**v. 220413**

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 17722881                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment.....                                                        | 180                               | 53723851                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 77                                | 19347288                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 2486594                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 36051925                     |
| <b>(c)</b> Total active .....                                                                                                       | 171                               | 38538519                     |
| <b>(4)</b> Total .....                                                                                                              | 428                               | 111609658                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 15.88 %                      |

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

| (a) Date<br>(MM-DD-YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/30/2022                                                                      | 4311982                           | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶ 3(b)</b>                                                            |                                   |                                 |                          | 4311982                           | 3(c) 0                          |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 28.3 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | C                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b> | 16202598                                                            |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b> | 2044                                                                |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                 |           |                                                                     |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here .....                                           |           | <input checked="" type="checkbox"/>                                 |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |           |                                                                     |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |                                                                                                                    |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            | <b>6a</b>                                                                                                          | 2.22 %                                                                                                                                          |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        | Pre-retirement<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Post-retirement<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                             |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |                                                                                                                    |                                                                                                                                                 |
| (1) Males .....                                                                                                         | <b>6c(1)</b>                                                                                                       | 9P                                                                                                                                              |
| (2) Females .....                                                                                                       | <b>6c(2)</b>                                                                                                       | 9PF                                                                                                                                             |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>                                                                                                          | 7.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>                                                                                                          | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                            |                                                                                                                    |                                                                                                                                                 |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                                       | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                                       | 7.00 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>                                                                                                          | 7.9 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>                                                                                                          | 12.8 %                                                                                                                                          |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>                                                                                                          | <input type="checkbox"/> N/A                                                                                                                    |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                                       | %                                                                                                                                               |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                                       | 118000                                                                                                                                          |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                                       | <input type="checkbox"/>                                                                                                                        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 4                | 130427              | 13383                          |
| 1                | 2754250             | 282619                         |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |  |
| (1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                      | <b>8d(2)</b>                                                        |  |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....                                                                                                       | <b>8d(4)</b>                                                        |  |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                               | <b>8d(5)</b>                                                        |  |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> If box 5h is checked or 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) ..... | <b>8e</b>                                                           |  |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 29808064 |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 869889   |

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

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

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 37143202            | 7312836 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2659355**e** Total charges. Add lines 9a through 9d.....**9e** 40650144**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f****g** Employer contributions. Total from column (b) of line 3.....**9g** 4311982**h** Amortization credits as of valuation date.....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 23870554            | 2852387 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 326376**j** Full funding limitation (FFL) and credits:

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

|              |          |  |
|--------------|----------|--|
| <b>9j(1)</b> | 15128385 |  |
| <b>9j(2)</b> | 87019748 |  |
| <b>9j(3)</b> |          |  |

**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** 7490745**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n** 33159399**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year .....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....
- (3) Total as of valuation date .....

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

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 33159399**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                            |                                                                 |     |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                 |                                                                 |     |
| <div>A</div> Name of plan<br>IBEW LOCAL UNION NO. 237 PENSION PLAN                                         | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                            |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 237 PENSION PLAN | <div>D</div> Employer Identification Number (EIN)<br>16-6094914 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

COWDEN ASSOCIATES

25-1750131

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 89785                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGAL MARCO ADVISORS

13-2646110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 39047                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

IBEW LOCAL 237 HEALTH & WELFARE FUN

16-0834222

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RELATED PARTY                                                                                     | 28947                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BLITMAN & KING LLP

16-1047304

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | ATTORNEY                                                                                          | 28252                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BONADIO & CO., LLP

16-1131146

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT                                                                                        | 19320                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NATIONAL REAL ESTATE ADVISORS, LLC

22-2237421

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT ADVISOR                                                                                | 10806                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WILMINGTON TRUST

16-1486454

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | INVESTMENT MANAGEMENT                                                                             | 6455                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">IBEW LOCAL UNION NO. 237 PENSION PLAN</span>                                                               | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">IBEW LOCAL UNION NO. 237 PENSION PLAN</span>                | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">16-6094914</span> |                                       |

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

|                                                                                                                 |                                                          |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MARCO GROUP TRUST EQUITY</span>       |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEGAL ADVISORS, INC.</span>        |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">27-6230536-001</span>                                                | <b>d</b> Entity code <span style="color: blue;">E</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">8215914</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MARCO GROUP TRUST FIXED INCOME</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEGAL ADVISORS, INC.</span>        |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">27-6230536-002</span>                                                | <b>d</b> Entity code <span style="color: blue;">E</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">3895268</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                           |

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><u>16-6094914</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 4088                  | 188996          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 404243                | 486095          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 97                    | 1216            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 582877                | 432326          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(5)</b>    | 1001378               | 1148636         |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 14355419              | 12111182        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 631792                | 549392          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 922922                | 1117323         |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 15700                 | 15700           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 17918516              | 16050866        |

**Liabilities**

|                                                                           |           |        |       |
|---------------------------------------------------------------------------|-----------|--------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 195635 | 61592 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 195635 | 61592 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 17722881 | 15989274 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4311982    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4311982   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 969        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 969       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 13724      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 13724     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1016661    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 954112     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 62549     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 310132     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 310132    |

|                                                                                                 |        | (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)  |            | -2050174  |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -95283    |
| c Other income .....                                                                            | 2c     |            | 174134    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2728033   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4208031    |           |
| (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)  |            | 4208031   |
| 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)  | 138357     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 56308      |           |
| (4) Other .....                                                                                 | 2i(4)  | 58944      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 253609    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4461640   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1733607  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 488261.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>IBEW LOCAL UNION NO. 237 PENSION PLAN                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 237 PENSION PLAN                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>16-6094914                                            |
| 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):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer **O'CONNELL ELECTRIC**

**b** EIN **16-0950645** **c** Dollar amount contributed by employer **435780**

**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 **05** Day **31** Year **2026**

**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) **13.50**

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

**a** Name of contributing employer **FERGUSON ELECTRIC**

**b** EIN **16-0430730** **c** Dollar amount contributed by employer **2136922**

**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 **05** Day **31** Year **2026**

**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) **13.50**

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

**a** Name of contributing employer **CIR ELECTRIC**

**b** EIN **16-1068755** **c** Dollar amount contributed by employer **882526**

**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 **05** Day **31** Year **2026**

**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) **13.50**

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

**a** Name of contributing employer **FREY ELECTRIC**

**b** EIN **16-0747878** **c** Dollar amount contributed by employer **642047**

**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 **05** Day **31** Year **2026**

**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) **13.50**

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

**a** Name of contributing employer **INDUSTRIAL POWER AND LIGHTING**

**b** EIN **16-1361161** **c** Dollar amount contributed by employer **283525**

**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 **05** Day **31** Year **2026**

**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) **13.50**

(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):

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

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

**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: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 \_\_\_\_\_

**I.B.E.W. LOCAL UNION NO. 237  
PENSION FUND**

**Financial Statements and  
Supplemental Information  
as of December 31, 2022 and 2021  
Together with  
Independent Auditor's Report**

## INDEPENDENT AUDITOR'S REPORT

October 12, 2023

To the Trustees of the  
I.B.E.W. Local Union No. 237 Pension Fund

### Opinion

We have audited the accompanying financial statements of the I.B.E.W. Local Union No. 237 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the I.B.E.W. Local Union No. 237 Pension Fund as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the I.B.E.W. Local Union No. 237 Pension Fund 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 the I.B.E.W. Local Union No. 237 Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

(Continued)

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## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the I.B.E.W. Local Union No. 237 Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the I.B.E.W. Local Union No. 237 Pension Fund'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.

### **Funding Status of the Plan**

As discussed in Note 4 to the financial statements, the Plan's actuary has certified that the Plan is in critical and declining status because it is below the minimum funding level. However, the Plan was approved for a Multiemployer Pension Reform Act suspension effective July 1, 2020, and subsequent to year end, the Plan has been approved for Special Financial Assistance under the American Rescue Plan, which are projected to cause the Plan to avoid insolvency. Our opinion has not been modified with respect to this matter.

(Continued)

## INDEPENDENT AUDITOR'S REPORT

(Continued)

### 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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022, 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.

*Bonadio & Co., LLP*

**I.B.E.W. LOCAL UNION NO. 237 PENSION FUND****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

---

|                                    | <u>2022</u>          | <u>2021</u>          |
|------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                      |                      |                      |
| INVESTMENTS:                       |                      |                      |
| Common and Collective Trust Funds  | \$ 12,111,182        | \$ 14,355,419        |
| Property Trust                     | 1,117,323            | 922,922              |
| Limited Liability Company          | 1,078,662            | 904,589              |
| Registered Investment Companies    | 549,392              | 631,792              |
| Money Market Funds                 | 111,660              | 123,328              |
| Limited Partnership                | <u>69,974</u>        | <u>96,789</u>        |
| Total investments                  | 15,038,193           | 17,034,839           |
| CASH                               | 509,662              | 463,637              |
| RECEIVABLES:                       |                      |                      |
| Employer contributions             | 486,095              | 404,243              |
| Other                              | <u>1,216</u>         | <u>97</u>            |
| Total receivables                  | <u>487,311</u>       | <u>404,340</u>       |
| OFFICE AND COMPUTER EQUIPMENT, NET | <u>15,700</u>        | <u>15,700</u>        |
| Total assets                       | <u>16,050,866</u>    | <u>17,918,516</u>    |
| <b>LIABILITIES</b>                 |                      |                      |
| Reciprocity payable                | 55,964               | 195,635              |
| Due to related party               | <u>5,628</u>         | <u>-</u>             |
| Total liabilities                  | <u>61,592</u>        | <u>195,635</u>       |
| Net assets available for benefits  | <u>\$ 15,989,274</u> | <u>\$ 17,722,881</u> |

The accompanying notes are an integral part of these statements.

# I.B.E.W. LOCAL UNION NO. 237 PENSION FUND

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

|                                                              | <u>2022</u>          | <u>2021</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                       |                      |                      |
| Investment income (loss), net:                               |                      |                      |
| Net (depreciation) appreciation in fair value of investments | \$ (1,772,777)       | \$ 2,083,566         |
| Interest and dividends                                       | 14,694               | 27,097               |
| Less: Investment fees                                        | <u>(56,308)</u>      | <u>(60,697)</u>      |
| Net investment income (loss)                                 | (1,814,391)          | 2,049,966            |
| Contributions:                                               |                      |                      |
| Employer                                                     | 5,251,384            | 4,174,177            |
| Union                                                        | 135,054              | 226,239              |
| Less: Reciprocity payments                                   | <u>(1,074,456)</u>   | <u>(688,628)</u>     |
| Total contributions                                          | 4,311,982            | 3,711,788            |
| Other income                                                 | <u>174,134</u>       | <u>4,522</u>         |
| Total additions to net assets                                | <u>2,671,725</u>     | <u>5,766,276</u>     |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                    |                      |                      |
| Benefits paid to participants                                | 4,208,031            | 4,159,786            |
| Administrative expenses:                                     |                      |                      |
| Professional services                                        | 138,357              | 63,635               |
| Administrative services                                      | 28,947               | 27,504               |
| Insurance                                                    | 20,726               | 20,284               |
| Bank fees                                                    | 3,803                | 2,995                |
| Other                                                        | <u>5,468</u>         | <u>3,500</u>         |
| Total administrative expenses                                | <u>197,301</u>       | <u>117,918</u>       |
| Total deductions from net assets                             | <u>4,405,332</u>     | <u>4,277,704</u>     |
| CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS                  | (1,733,607)          | 1,488,572            |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year        | <u>17,722,881</u>    | <u>16,234,309</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year              | <u>\$ 15,989,274</u> | <u>\$ 17,722,881</u> |

The accompanying notes are an integral part of these statements.

## **I.B.E.W. LOCAL UNION NO. 237 PENSION FUND**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022**

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#### **1. DESCRIPTION OF THE PLAN**

The following brief description of the I.B.E.W. Local Union No. 237 Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

##### **General**

The Plan is a defined benefit multiemployer plan created under an agreement and declaration of trust dated May 1, 1966. The Plan, which covers all eligible members of the I.B.E.W. Local Union No. 237 (the Union) and any person working under the jurisdiction of the Union, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Administration**

The Plan is administered by a Joint Board of Trustees (Trustees) consisting of members appointed by the Union and employers signatory to the collective bargaining agreement (the CBA) with the Union. The Plan has engaged an investment advisor to provide advice to the Trustees. The Plan has also engaged a custodian to hold the Plan's investments.

##### **Participation**

A member becomes a participant in the Plan on the first day of the Plan year after he or she completes at least 500 hours of vesting service during a Plan year. Alternatively, if the participant earns at least 1,000 hours of pension service during a consecutive 12-month period they will become a participant in the Plan on the next January 1 or July 1 following the 12-month period. Apprentices do not participate in the Plan until their second year of apprenticeship.

##### **Employer Contributions**

Contributions to the Plan are provided by employers signatory to the CBA with the Union. Contributions are generally based on hours worked by covered participants at the following rates per hour:

|                                  |          |
|----------------------------------|----------|
| May 28, 2018 – May 31, 2020      | \$ 13.25 |
| June 1, 2020 - December 31, 2022 | \$ 13.50 |

Employer contributions reported in the statement of changes in net assets available for benefits are stated net of \$1,074,456 and \$688,628 paid and payable to other funds under reciprocal agreements for the years ended December 31, 2022 and 2021, respectively.

Contributions which apply to the current year that are received in the following year are reported as employer contributions receivable at year end.

## 1. DESCRIPTION OF THE PLAN (CONTINUED)

### Vesting

Prior to January 1, 1976, a participant will earn one year of vesting service for each Plan year in which he or she completes 5/8<sup>ths</sup> or more of a year of pension service. On or after January 1, 1976, a participant will be credited with one year of vesting service for each Plan year in which he or she completes 1,000 hours of service. A participant is 100% vested in their pension benefit at the earliest of the following:

1. The participant satisfies the age and service requirements for a normal or early pension;
2. Completion of at least fifteen years of pension service, including at least two years of pension service earned on or after January 1, 1976;
3. Completion of at least five years of vesting service; or
4. The participant is in the Plan for at least five years and is performing work under the CBA on or after attaining age 65.

Pension service is earned as follows:

| <u>Time period</u>                  | <u>Years of pension service earned</u>                                                                                                                                     |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prior to May 1, 1966                | One year is earned for each Plan year in which a participant completes 500 hours of service.                                                                               |
| May 1, 1966 - December 31, 1975     | One year is earned for each Plan year in which a participant completes 1,400 hours of service. 1/8 <sup>th</sup> of a year is earned for each 175 hours of service worked. |
| January 1, 1976 - December 31, 2008 | .001 of a year is earned for each hour of service completed during the Plan year.                                                                                          |
| On or after January 1, 2009         | .10 of a year is earned for every 100 hours of service worked with a maximum of 1.4 years of pension credit that can be earned per year.                                   |

### Pension Benefits

Participants are entitled to a normal, early or disability retirement pension upon satisfying the minimum age and service requirements.

- Normal retirement - 65 years old.
- Early retirement - 55 years old and 15 years of pension service or 5 years vesting service.
- Disability retirement - Less than 55 years old with 7 years of pension service or vesting service and has completed 2,500 hours of service in the 60 months preceding the disability retirement with eligibility based on social security approval.

## **1. DESCRIPTION OF THE PLAN (CONTINUED)**

### **Pension Benefits (Continued)**

The monthly pension benefit will be determined as follows: Current effective benefit rate of \$80 for each year of pension service earned on or after January 1, 2009, and \$85 for each year of pension service earned prior to December 31, 2008. Effective June 1, 2020 the benefit was reduced to \$76 for each year of pension service earned on or after January 1, 2009. Effective June 1, 2020, the benefit was reduced to \$71 for each year of pension service earned prior to December 31, 2008. Applicable benefit rates will be used for periods of interrupted service.

- Normal retirement - applicable benefit rate for each year of pension service.
- Early retirement - applicable benefit rate for each year of pension service reduced by .5% for each month from retirement age to age 58 and .25% for each month from the greater of retirement age and age 58 to age 60.
- Disability retirement – equal to the early retirement benefit but in no event be less than the participants accrued benefit at their normal retirement date reduced by 30%.

### **Death Benefit**

The Plan provides for a pre-retirement survivor annuity to the spouse of a participant if the participant is eligible for early retirement and has been married for at least one year at the time of death. The eligible spouse will receive benefit payments equal to the actuarial equivalent of 100% of the monthly benefit that would have been payable to the participant under the married couple benefit based on the participant's years of service on the date of death. For deaths occurring after the notice of the Plan's critical status (see Note 4), such benefit is payable over 120 months.

### **Pension Benefits, Other**

The Plan has several optional forms of benefits at normal and early retirement age, including an actuarially reduced married couple option of 100%, 75% and 50% payable to a surviving spouse for life, as well as a level income option that is calculated based on the participant's projected Social Security benefit.

### **Multiemployer Pension Reform Act (MPRA)**

Effective June 1, 2020 and under the provisions of the Plan's approved MPRA application, the Plan implemented certain benefit reductions:

- For Plan Years from 1976 through 2008, Pension Service credits will be limited to a maximum of 1.4 credits in a year. This is the same as the service limit that exists currently for Plan Years from 2009 and later.
- The benefit multiplier for Pension Service credits earned up through December 31, 2008 will be limited to \$71. This is a reduction from the current benefit level of \$85 per Pension Service credit. Participants who retired or had a break in service that resulted in a benefit multiplier of less than \$71 will have their currently applicable multiplier remain in place.
- The benefit multiplier for Pension Service credits earned from January 1, 2009 and later will be reduced to \$76. This is a reduction from the current benefit level of \$80 per service credit.

## **1. DESCRIPTION OF THE PLAN (CONTINUED)**

### **Multiemployer Pension Reform Act (MPRA) (Continued)**

- Participants who retired prior to the effective date of the suspension will have their benefit recalculated using the new service limit and benefit multipliers, and using the same early retirement and optional form conversion factors that were applicable at their retirement date. Participants who elected a Level Income Option will have their new pre-62 and post-62 amounts determined based on the ratio of the benefits payable in the Plan's normal form at retirement date using rate the before and after the application of the MPRA suspension. Subsequent to year end, the Plan was approved for funding under the American Rescue Act where the Plan received approximately \$32,000,000 to restore solvency to the Plan. In accordance with the assistance, subsequent to year end, all of the above benefit reductions under MPRA are restored to their prior status.

### **Plan Termination**

In the event of the termination of the Plan by the Trustees, all amounts credited to the affected participants' accounts shall be and remain 100% vested and shall not thereafter be subject to forfeiture, and all unallocated amounts shall be allocated to the accounts of all participants in accordance with the provisions in the Plan.

Upon the full termination of the Plan, the Trustees shall direct the distribution of the assets to participants in a manner that is consistent with and satisfies the provisions of the Plan. Distributions to a participant shall be made in cash or through the purchase of irrevocable, nontransferable deferred commitments from an insurer.

Certain benefits under the Plan are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") should the Plan become insolvent. Only those benefits which are non-forfeitable prior to termination or insolvency of the Plan are guaranteed. Benefits or benefit improvements in effect fewer than 60 months prior to termination or insolvency are not guaranteed. As a general rule, for each year of credited service under the Plan, the maximum guarantee of monthly benefits is limited to 100% of the first \$11 of the employee's accrual rate, plus 75% of the next \$33 for each year of credited service or a maximum of \$35.75 per year of credited service. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

### **Use of Estimates**

The preparation of financial statements in conformity with US GAAP requires the Plan trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates and such difference may be significant.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### **Office and Computer Equipment, Net**

Office and computer equipment are recorded at cost. Depreciation is computed on the straight-line method over the useful lives of the respective assets. The useful lives of assets range from three to seven years.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains and losses from security transactions are reported on the average cost method.

### **Fair Value Measurements**

US GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under standards are described below:

Level 1: Quoted prices in active markets that are accessible at the measurement date for identical assets and liabilities.

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly and fair value is determined through the use of models or other valuation methodologies.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation methodologies used for investments measured at fair value:

#### Common and Collective Trust Funds

The fair value of the common and collective trust funds is based on the net asset value ("NAV") of the underlying assets of the fund and has been measured at fair value using the NAV practical expedient as of December 31, 2022 and 2021. These funds generally have no redemption restrictions or unfunded capital commitments.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Fair Value Measurements

#### Limited Liability Company

The Plan invests in the INDURE Build-to-Core Fund, LLC (INDURE) which is valued using the NAV practical expedient. INDURE is an open ended commingled real estate fund formed to provide potential members, principally Taft-Hartley Funds, and pension trusts, endowments, charitable foundations and certain other entities, including real estate investment trusts, a medium for pooling their funds to invest in commercial and residential real estate and real estate related assets, for the purpose of generating income and appreciation on such real estate investments. Ownership shares are valued based on the NAV of INDURE. The investment has a limitation on redemption. No more than 20% of initial aggregate amount of purchase can be redeemed during the 24-calendar month period immediately following date of issuance.

#### Property Trust

The Plan invests in the Multi-Employer Property Trust which is a core, open-end private equity real estate equity fund which invests in a diversified portfolio of institutional-quality real estate assets across more than 25 major U.S. metropolitan markets. Valued based on the NAV of the underlying real estate assets of the trust and has been measured at fair value using the NAV practical expedient.

#### Registered Investment Companies

The Plan invests in the AFL-CIO Housing Investment Trust (the Trust) which has a portfolio of securities (single family mortgaged-backed securities, government sponsored enterprise securities, and U.S. Treasury securities) which are valued by an independent pricing service, published prices, market quotes and dealer bids. The Trust is valued using NAV, which is determined as of the close of regular trading of the New York Stock Exchange on the last day of business of each calendar month. The Trust is a common law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940 as a no-load, open-end investment company. The Trust has obtained certain exemptions from the requirements of the Investment Company Act of 1940 that are described in the Trust's prospectus. Participation in the Trust is limited to eligible labor organizations and pension, welfare and retirement plans that have beneficiaries who are represented by labor organizations.

#### Limited Partnership

The Plan invests in the PMF Endowment TEI Fund, L.P. ("TEI Fund") whose investment objective is to preserve capital and to generate consistent long-term appreciation and returns across a market cycle (which is estimated to be five to seven years). The fair value of the TEI Fund is based on the NAV of the underlying assets of the TEI Fund and has been measured at fair value using the NAV practical expedient and generally has no redemption restrictions or unfunded capital commitments.

#### Money Market Funds

Valued at amortized costs, which approximate fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

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

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

### **Employer and Participant Contributions Receivable**

Receivables are accrued based on analysis of subsequent employer reports and remittances.

### **Reciprocity Receipts and Payments**

The Plan is subject to reciprocity agreements with other union defined contribution plans. Contributions are collected by other defined contribution plans and remitted to the Fund. Contributions are collected by the Plan on behalf of other defined contribution plans and remitted to them. Any contributions due from or to other defined contribution plans are included in employer receivables or reciprocity payable at December 31, 2022 and 2021.

### **Benefits Paid to Participants**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

Administrative expenses are paid by the Plan.

### **Risks and Uncertainties**

At times the Plan maintains cash balances over the federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on these accounts.

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

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

### **Reclassifications**

Certain reclassifications have been made to the 2021 financial statements to conform to the 2022 presentation.

## **3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employee's compensation during each year of credited service.

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated benefits is the liability for pension benefits that have been earned on the basis of each participant's service history as of the valuation date. Calculation of the actuarial present value of accumulated benefits was made by the consulting actuaries Cowden Associates. The significant actuarial assumptions used in the valuation as of January 1, 2022 were as follows:

|                        |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------|-------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| Mortality              | Healthy: Pri-2012 Blue Collar with generational projection by Scale MO-2021<br><br>Disabled: SOA Pri-2012 Total DataSet Disabled Mortality Table with generational projection by Scale MP-2021                                                                                                                                                                                                      |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Investment Yield       | 7%                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Turnover               | Based on age as follows: <table><tr><td><u>Age</u></td><td><u>Rate</u></td><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>&lt; 25</td><td>4.35%</td><td>40-44</td><td>3.68%</td></tr><tr><td>25-29</td><td>3.73%</td><td>45-49</td><td>4.42%</td></tr><tr><td>30-34</td><td>5.31%</td><td>50-54</td><td>3.86%</td></tr><tr><td>35-39</td><td>4.71%</td><td>55+</td><td>0.00%</td></tr></table> | <u>Age</u> | <u>Rate</u> | <u>Age</u> | <u>Rate</u> | < 25 | 4.35% | 40-44 | 3.68% | 25-29 | 3.73% | 45-49 | 4.42% | 30-34 | 5.31% | 50-54 | 3.86% | 35-39 | 4.71% | 55+ | 0.00% |
| <u>Age</u>             | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                         | <u>Age</u> | <u>Rate</u> |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| < 25                   | 4.35%                                                                                                                                                                                                                                                                                                                                                                                               | 40-44      | 3.68%       |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| 25-29                  | 3.73%                                                                                                                                                                                                                                                                                                                                                                                               | 45-49      | 4.42%       |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| 30-34                  | 5.31%                                                                                                                                                                                                                                                                                                                                                                                               | 50-54      | 3.86%       |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| 35-39                  | 4.71%                                                                                                                                                                                                                                                                                                                                                                                               | 55+        | 0.00%       |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Disability             | 1973 Disability Model, Transactions of Society of Actuaries, XXVI.                                                                                                                                                                                                                                                                                                                                  |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Costing Method         | Accrued Benefit Unit Credit                                                                                                                                                                                                                                                                                                                                                                         |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Asset Valuation Method | Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.                                                                                                                                                                           |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |
| Future Work Year       | Each active participant will work 1,400 hours of pension service in each future year.                                                                                                                                                                                                                                                                                                               |            |             |            |             |      |       |       |       |       |       |       |       |       |       |       |       |       |       |     |       |

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Age at Pension

Based on age as follows:

| <u>Age</u> | <u>Active Rate</u>    |                    | <u>Terminated Rate</u> |                    |
|------------|-----------------------|--------------------|------------------------|--------------------|
|            | <u>Service &lt; 5</u> | <u>Service ≥ 5</u> | <u>Service &lt; 5</u>  | <u>Service ≥ 5</u> |
| 55         | -                     | 15%                |                        | 25%                |
| 56-57      | -                     | 10%                |                        | -                  |
| 58         | -                     | 5%                 |                        | -                  |
| 59         | -                     | 40%                |                        | -                  |
| 60         | -                     | 25%                |                        | 50%                |
| 61         | -                     | 30%                |                        | -                  |
| 62         | -                     | 75%                |                        | 25%                |
| 63-64      | -                     | 100%               |                        | -                  |
| 65         | 100%                  | 100%               | 100%                   | 100%               |

Terminated vested participants are assumed to retire at age 65.

Percent Married

80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.

### 4. STATEMENT OF ACCUMULATED PLAN BENEFITS

At January 1, 2022, the actuarial present value of accumulated plan benefits and changes in accumulated plan benefits from the previous actuarial valuation were as follows:

|                                                                         |                      |
|-------------------------------------------------------------------------|----------------------|
| Vested benefits:                                                        |                      |
| Participants currently receiving payments                               | \$ 34,440,974        |
| Active participants                                                     | 15,705,791           |
| Separated vested benefits                                               | <u>8,681,125</u>     |
| Total vested benefits                                                   | 58,827,890           |
| Nonvested benefits                                                      | <u>1,292,987</u>     |
| Actuarial present value of accumulated plan benefits<br>January 1, 2022 | <u>\$ 60,120,877</u> |
| Actuarial present value of accumulated plan benefits<br>January 1, 2021 | \$ 56,564,946        |
| Increase/(decrease) during the year attributable to:                    |                      |
| Benefits accumulated                                                    | 3,768,874            |
| Benefits paid                                                           | (4,159,786)          |
| Decrease in discount period                                             | 3,816,416            |
| Change in actuarial assumptions                                         | <u>130,427</u>       |
| Actuarial present value of accumulated plan benefits<br>January 1, 2022 | <u>\$ 60,120,877</u> |

#### 4. STATEMENT OF ACCUMULATED PLAN BENEFITS (CONTINUED)

##### CRITICAL STATUS (CONTINUED)

The actuarial cost method used in establishing the normal cost and actuarial accrued liability for participants is known as the "accrued benefit unit credit." The actuarial study showed that, at January 1, 2022, the actuarial accrued liability exceeded the actuarial fair value of Plan net assets by \$42,397,996. The study also disclosed the Plan's benefits security ratio (funded percentage), which is the ratio of current fair value of the Plan's net assets to the present value of vested benefits as of the valuation date, was 29.48%.

The Plan has unfunded vested benefits as of January 1, 2022 of \$43,080,712. As a result, any employer withdrawing from the Plan during the plan year ended December 31, 2022 may incur a withdrawal liability.

As required by the Pension Protection Act of 2006 and updated by the Multiemployer Pension Reform Act of 2014, the Plan's actuary completed the actuarial certification under Internal Revenue Code Section 432 as of January 1, 2021 and determined that the Plan is in "critical" status (red zone). The critical status occurs when a Plan's funded ratio is less than 65% and the Plan is projected to have an accumulated funding deficiency during the seven-year period beginning with the date the funding improvement plan ("FIP") was adopted and based on the terms of the FIP. Because the Plan is in critical status, the Board of Trustees is required to adopt a rehabilitation plan whereby the Plan will cease to be critical by the end of the rehabilitation period, which generally is 10 years. A rehabilitation plan was adopted by the Trustees in November 2013 whereby the hourly contribution rate would increase by \$0.50 through May 31, 2017, then increase by \$0.50 beginning June 1, 2018, and for each of the following years until June 1, 2020, when the rate was increased by \$0.25. The rehabilitation plan also reduces benefits by 6% per year from age 60 if retirement occurs at ages 55, 56 or 57. The 3% reduction will remain for retirements at age 58 or 59. The Plan's actuary certified that the Pension Fund remains in "critical" (red zone) status for the Plan year beginning January 1, 2023.

ERISA imposes a minimum funding standard that requires the Plan to maintain a Funding Standards Account. Contributions meet the legal requirement on a cumulative basis if that account shows no deficiency. The accumulation of the actual contributions in excess of the minimum required contributions under ERISA is called the credit balance; whereas should contributions fall below the minimum levels, a funding deficiency results. The Plan's actuary has advised that contributions to the Plan have not satisfied the required minimum contribution requirements. As a result of this funding deficiency, the Plan Trustees applied for relief under the Multiemployer Pension Reform Act (MPRA) to the United States Treasury Department. MPRA allows for pension plans in critical and declining statuses that meet certain criteria to reduce the benefits of active members, terminated vested participants and retirees already collecting their pensions. The application was approved February 8, 2020 and the benefit reductions took effect on June 1, 2020. The projection is for the Plan to avoid insolvency. Further, the Plan received approximately \$32,000,000 under the American Rescue Plan to assist in avoiding insolvency. As part of the agreement, the Plan will restore benefits back to Pre-MPRA suspension level and remain in the critical and declining zone until 2051.

## 5. FAIR VALUE MEASUREMENTS

The following table sets forth, by level within the fair value hierarchy, the Plan's investments reported at fair value as of December 31, 2022 and 2021:

| <b>December 31, 2022</b>                 | <u>Total</u>         | <u>Level 1</u> | <u>Level 2</u>    | <u>Level 3</u> |
|------------------------------------------|----------------------|----------------|-------------------|----------------|
| Money Market Funds                       | \$ 111,660           | \$ -           | \$ 111,660        | \$ -           |
| Total assets in the fair value hierarchy | 111,660              | -              | 111,660           | -              |
| Investments measured at NAV (a)          | <u>14,926,533</u>    |                |                   |                |
| Total investments                        | <u>\$ 15,038,193</u> | <u>\$ -</u>    | <u>\$ 111,660</u> | <u>\$ -</u>    |
| <b>December 31, 2021</b>                 | <u>Total</u>         | <u>Level 1</u> | <u>Level 2</u>    | <u>Level 3</u> |
| Money Market Funds                       | \$ 123,328           | \$ -           | \$ 123,328        | \$ -           |
| Total assets in the fair value hierarchy | 123,328              | -              | 123,328           | -              |
| Investments measured at NAV (a)          | <u>16,911,511</u>    |                |                   |                |
| Total investments                        | <u>\$ 17,034,839</u> | <u>\$ -</u>    | <u>\$ 123,328</u> | <u>\$ -</u>    |

(a) Certain investments measured at fair value using the net asset per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the statements of net assets available for benefits.

## 6. RELATED PARTY TRANSACTIONS

An employee of the Union and employees of the I.B.E.W. Local Union No. 237 Health and Welfare Fund (Health Fund) perform various administrative and clerical functions for the Pension Fund and the I.B.E.W. Local Union No. 237 Annuity Fund (Annuity Fund). In addition, the Health Fund pays certain allocable administrative expenses which are reimbursed by the Plan and the Annuity Fund periodically during the year. All such expenses are allocated among the funds based on management estimates. The Plan's share of allocated expenses totaled \$28,947 and \$27,504 for the years ended December 31, 2022 and 2021, respectively.

## **7. PARTY-IN-INTEREST TRANSACTIONS**

Segal Marco Advisors ("Segal Marco") provides investment advisory services to the Plan and therefore these transactions qualify as "party in interest". The Plan maintains a portion of its investments in various Marco Consulting Group common collective trust funds and therefore these transactions qualify as "party in interest". At December 31, 2022 and 2021 the value of the Plan's investments held in such common collective trusts totaled \$12,111,182 and \$14,355,419, respectively. Such amounts represent 80.54% and 84.27% of the Plan's total investments at December 31, 2022 and 2021, respectively. Fees paid by the Plan to Segal Marco for investment advisory services amounted to approximately \$46,000 and \$51,000 for the years ended December 31, 2022 and 2021, respectively.

Wilmington Trust provides custodial services to the Plan and therefore these transactions qualify as "party in interest". The Plan maintains a portion of its investments in money market funds that are sponsored by Wilmington Trust that qualify as "party in interest". Such amounts totaled \$111,660 and \$123,328 as of December 31, 2022 and 2021, respectively. Fees paid to Wilmington Trust amounted to approximately \$10,800 and \$9,700 for the years ending December 31, 2022 and 2021.

## **8. TAX STATUS**

The IRS has determined and informed the Plan sponsor that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

## **9. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 12, 2023, which is the date the financial statements were made available to be issued.

**I.B.E.W. LOCAL UNION NO. 237 PENSION FUND**  
**EIN: 16-6094914**  
**PLAN NO. 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a)                                       | (b)                               | (c)                              | (d)                  | (e)                  |
|-------------------------------------------|-----------------------------------|----------------------------------|----------------------|----------------------|
|                                           | <u>Identity of Issue</u>          | <u>Description of Investment</u> | <u>Cost</u>          | <u>Current Value</u> |
| <b>Common and Collective Trust Funds:</b> |                                   |                                  |                      |                      |
| *                                         | MCG Group Trust Equity            | Common and Collective Trust Fund | \$ 5,502,090         | \$ 8,215,914         |
| *                                         | MCG Group Trust Fixed Income      | Common and Collective Trust Fund | <u>3,941,649</u>     | <u>3,895,268</u>     |
|                                           | Common and Collective Trust Funds |                                  | <u>9,443,739</u>     | <u>12,111,182</u>    |
| <b>Property Trust:</b>                    |                                   |                                  |                      |                      |
|                                           | Multi Employer Property Trust     | Property Trust                   | <u>681,415</u>       | <u>1,117,323</u>     |
| <b>Limited Liability Company:</b>         |                                   |                                  |                      |                      |
|                                           | INDURE Build-to-Core Fund, LLC    | Limited Liability Company        | <u>664,255</u>       | <u>1,078,662</u>     |
| <b>Registered Investment Companies:</b>   |                                   |                                  |                      |                      |
|                                           | AFL-CIO Housing Investment Trust  | Common Law Trust                 | <u>617,636</u>       | <u>549,392</u>       |
| <b>Money Market Funds:</b>                |                                   |                                  |                      |                      |
| *                                         | Wilmington US Government          | Money Market Fund                | <u>111,660</u>       | <u>111,660</u>       |
| <b>Limited Partnership:</b>               |                                   |                                  |                      |                      |
|                                           | PMF Endowment TEI Fund, L.P.      | Limited Partnership              | <u>57,300</u>        | <u>69,974</u>        |
|                                           | Total Assets (End of Year)        |                                  | <u>\$ 11,576,005</u> | <u>\$ 15,038,193</u> |

\* Denotes party-in-interest

**I.B.E.W. LOCAL UNION NO. 237 PENSION FUND**  
**EIN: 16-6094914**  
**PLAN NO. 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

| (a)                                                                                                 | (b)                                   | (c)                                   | (d)               | (e)                                | (f)              | (g)              | (h)                                                 |
|-----------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------|------------------------------------|------------------|------------------|-----------------------------------------------------|
| Identity of Party                                                                                   | Description                           | Number of<br>Purchase<br>Transactions | Purchase<br>Price | Number of<br>Sales<br>Transactions | Selling<br>Price | Cost of<br>Asset | Current value<br>of Asset on<br>Transaction<br>Date |
| <b>Single Transaction in Excess of 5% of Plan Assets Involving Securities of the Same Issue</b>     |                                       |                                       |                   |                                    |                  |                  |                                                     |
| N/A                                                                                                 |                                       |                                       |                   |                                    |                  |                  |                                                     |
| <b>Series of Transactions Involving Securities of the Same Issue in Excess of 5% of Plan Assets</b> |                                       |                                       |                   |                                    |                  |                  |                                                     |
| M&T Investment Group                                                                                | MCG Group Trust Fixed Income          |                                       |                   | 3                                  | \$650,000        | \$720,725        | \$650,000                                           |
| M&T Investment Group                                                                                | MCG Group Trust Fixed Income          | 2                                     | \$500,000         |                                    |                  | \$500,000        | \$500,000                                           |
| M&T Investment Group                                                                                | Wilmington US Government Money Market | 36                                    | \$588,333         |                                    |                  | \$588,333        | \$588,333                                           |
| M&T Investment Group                                                                                | Wilmington US Government Money Market |                                       |                   | 2                                  | \$600,001        | \$600,001        | \$600,001                                           |
| M&T Investment Group                                                                                | Wilmington US Government Money Market |                                       |                   | 2                                  | \$600,001        | \$600,001        | \$600,001                                           |

## Plan Provisions

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Effective January 1, 1976  
As Restated Effective January 1, 2014

The following is a summary of the major provisions of the plan as of January 1, 2022. Refer to the plan document for a more complete description of the most recent plan provisions.

**Participation** The first day of the Plan Year in which at least 500 hours of Vesting Service is earned.

**Credited Employment** Prior to May 1, 1966, one year of Pension Service for each Plan Year with at least 500 Hours of Service.

From May 1, 1966 through December 31, 1975, one year of Pension Service for each Plan Year with at least 1,400 Hours of Service. If less than 1,400 Hours of Service, 1/8 year of Pension Service for each 175 Hours of Service.

From January 1, 1976 through December 31, 2008, 0.001 years of Pension service for each Hour of Service.

After January 1, 2008, 0.1 year of Pension Service for every 100 Hours of Service, limited to 1.4 years of Pension Service per Plan Year. For members earning less than the Basic Journeyman's hourly rate, service is credited on a proportional basis.

On July 1, 2020, all benefits were adjusted to reflect a benefit suspension under MPRA '14. All benefits were adjusted to reflect a maximum of 1.4 years of service in any plan year.

**Accrued Benefit** A monthly benefit equal to \$85 for each year of Pension Service earned prior to January 1, 2009 and \$80 for each year of Pension Service earned thereafter.

On July 1, 2020, all benefits were adjusted to reflect a benefit suspension under MPRA '14. All benefits were adjusted to reflect maximum benefit multipliers of \$71 for service before 2009 and \$76 for service after 2008.

**Normal Retirement** Eligibility: Age 65.  
Benefit: The Accrued Benefit.

## Plan Provisions (continued)

**Early Retirement**     Eligibility: Age 55 with 15 years of Pension Service or 5 years of Vesting Service.

Benefit: The Accrued Benefit reduced by 0.5% for each month from retirement age to age 58 and 0.25% for each month from the greater of retirement age and age 58 to age 60.

**Vested Termination**     Eligibility: Five Years of Vesting Service.

Benefit: The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions. If a participant does not have at least 2,500 hours worked in the 60 months prior to retirement then the reduction is full actuarial equivalence from Normal Retirement Age.

**Disability Retirement**     Eligibility: Total and Permanent Disability at any age with at least 7 years of Pension Service or Vesting Service with eligibility based on Social Security approval.

Benefit: The Accrued Benefit at the date of disability payable immediately without reduction.

**Pre-Retirement Death**     Upon the death of an active participant before retirement but after eligibility for early retirement, the surviving spouse will receive 50% of the amount the participant would have received, had the participant retired and elected this option.

Upon the death of an active participant who was ineligible for, or who waived rights to the benefit in the previous paragraph, the beneficiary shall receive the excess of 100% of contributions over the total amount of any pension payments made prior to death.

**Method of Payment**     The normal form of benefit is a Straight-Life Annuity. A level Income Option and 50%, 75%, and 100% Joint and Survivor Annuity benefits are provided on an actuarially reduced basis.

**Contributions**     The projections reflect the contribution rates included in the current Collective Bargaining Agreement as follows:

Effective May 29, 2017 - \$12.75

Effective May 28, 2018 - \$13.25

Effective June 1, 2020 - \$13.50

**I.B.E.W. LOCAL UNION NO. 237 PENSION FUND**  
**EIN: 16-6094914**  
**PLAN NO. 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT (END OF YEAR)**  
**DECEMBER 31, 2022**

| (a)                                       | (b)                               | (c)                              | (d)                  | (e)                  |
|-------------------------------------------|-----------------------------------|----------------------------------|----------------------|----------------------|
|                                           | <u>Identity of Issue</u>          | <u>Description of Investment</u> | <u>Cost</u>          | <u>Current Value</u> |
| <b>Common and Collective Trust Funds:</b> |                                   |                                  |                      |                      |
| *                                         | MCG Group Trust Equity            | Common and Collective Trust Fund | \$ 5,502,090         | \$ 8,215,914         |
| *                                         | MCG Group Trust Fixed Income      | Common and Collective Trust Fund | <u>3,941,649</u>     | <u>3,895,268</u>     |
|                                           | Common and Collective Trust Funds |                                  | <u>9,443,739</u>     | <u>12,111,182</u>    |
| <b>Property Trust:</b>                    |                                   |                                  |                      |                      |
|                                           | Multi Employer Property Trust     | Property Trust                   | <u>681,415</u>       | <u>1,117,323</u>     |
| <b>Limited Liability Company:</b>         |                                   |                                  |                      |                      |
|                                           | INDURE Build-to-Core Fund, LLC    | Limited Liability Company        | <u>664,255</u>       | <u>1,078,662</u>     |
| <b>Registered Investment Companies:</b>   |                                   |                                  |                      |                      |
|                                           | AFL-CIO Housing Investment Trust  | Common Law Trust                 | <u>617,636</u>       | <u>549,392</u>       |
| <b>Money Market Funds:</b>                |                                   |                                  |                      |                      |
| *                                         | Wilmington US Government          | Money Market Fund                | <u>111,660</u>       | <u>111,660</u>       |
| <b>Limited Partnership:</b>               |                                   |                                  |                      |                      |
|                                           | PMF Endowment TEI Fund, L.P.      | Limited Partnership              | <u>57,300</u>        | <u>69,974</u>        |
|                                           | Total Assets (End of Year)        |                                  | <u>\$ 11,576,005</u> | <u>\$ 15,038,193</u> |

\* Denotes party-in-interest

IBEW Local Union No. 237 Pension Plan  
 EIN/PN: 16-6094914/001  
 Attachment to Form 5500  
 Schedule MB, Line 8b(2) - Schedule of Active Participant Data  
 Years of credited service

|              | 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 | Total |
|--------------|---------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------|
| Attained Age | No.     | No.    | No.    | No.      | No.      | No.      | No.      | No.      | No.      | No.     | No.   |
| Under 25     | 0       | 5      | 1      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 6     |
| 25 to 29     | 0       | 9      | 12     | 3        | 0        | 0        | 0        | 0        | 0        | 0       | 24    |
| 30 to 34     | 0       | 7      | 6      | 8        | 3        | 0        | 0        | 0        | 0        | 0       | 24    |
| 35 to 39     | 0       | 6      | 4      | 5        | 5        | 2        | 1        | 0        | 0        | 0       | 23    |
| 40 to 44     | 0       | 0      | 2      | 0        | 6        | 1        | 2        | 3        | 0        | 0       | 14    |
| 45 to 49     | 0       | 0      | 0      | 2        | 3        | 1        | 7        | 4        | 0        | 1       | 18    |
| 50 to 54     | 0       | 0      | 0      | 2        | 2        | 1        | 1        | 4        | 6        | 8       | 24    |
| 55 to 59     | 0       | 1      | 1      | 1        | 1        | 3        | 5        | 1        | 5        | 10      | 28    |
| 60 to 64     | 0       | 0      | 0      | 2        | 1        | 3        | 1        | 0        | 0        | 3       | 10    |
| 65 to 69     | 0       | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| 70 & up      | 0       | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| Total        | 0       | 28     | 26     | 23       | 21       | 11       | 17       | 12       | 11       | 22      | 171   |

## PPA Funded Percentage and Projection of Credit Balance

---

|                                                                        |                 |
|------------------------------------------------------------------------|-----------------|
| 1) Projection of Liability to January 1, 2022                          |                 |
| a) Actuarial Accrued Liability, January 1, 2021                        | \$ 56,564,946   |
| b) Normal Cost                                                         | 765,838         |
| c) Estimated Benefit Payments                                          | 4,020,681       |
| d) Interest at 7.00% to End of Year                                    |                 |
| i) On Actuarial Accrued Liability and Normal Cost                      | 4,013,155       |
| ii) On Estimated Benefit Payments                                      | 152,451         |
| e) Update to Pri – 2012 Mortality Table                                | 595,306         |
| 2) Estimated Actuarial Accrued Liability, January 1, 2022              | 57,766,113      |
| 3) Estimated Actuarial Value of Plan Assets, January 1, 2022           | 16,951,976      |
| 4) Funded Percentage (Ratio of Assets to Liabilities), January 1, 2022 | 29.34%          |
| 5) Projected of Estimated Credit Balance                               |                 |
| December 31, 2021                                                      | \$ (29,890,000) |
| December 31, 2022                                                      | (33,890,000)    |
| December 31, 2023                                                      | (37,730,000)    |
| December 31, 2024                                                      | (41,890,000)    |
| December 31, 2025                                                      | (45,890,000)    |
| December 31, 2026                                                      | (50,300,000)    |
| December 31, 2027                                                      | (51,650,000)    |
| December 31, 2028                                                      | (53,050,000)    |
| December 31, 2029                                                      | (54,560,000)    |

## Zone Status Determination

The following questions work to determine the status of the Fund for the current plan year by reviewing the criteria necessary for each zone.

Y or N

Critical Status – Red zone if any of a), b), c), or d) apply

- |                                                                                                                                                                                                                                                                                                                                                                           |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| a) Is the Plan's Funded Percentage less than 65% and the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 6 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 6 plan years? | N |
| b) Does the plan have an accumulated funding deficiency (negative credit balance) in any of the current or following 3 plan years (4 plan years if the Funded Percentage is 65% or less), without reflecting amortization extensions?                                                                                                                                     | Y |
| c) Each of the following are applicable.                                                                                                                                                                                                                                                                                                                                  |   |
| i) The Plan's normal cost plus interest on unfunded liability exceeds the present value of anticipated employer and employee contributions for the year.                                                                                                                                                                                                                  | N |
| ii) The present value of nonforfeitable benefits of inactive participants is greater than the present value of nonforfeitable benefits for active participants.                                                                                                                                                                                                           | Y |
| iii) The plan has an accumulated funding deficiency (negative credit balance) in any of the current or following 4 plan years, without reflecting amortization extensions.                                                                                                                                                                                                | Y |
| Do all apply?                                                                                                                                                                                                                                                                                                                                                             | N |
| d) Is the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 4 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 4 plan years?                                                | N |

Critical and Declining Status – both a) and b) apply

- |                                                                                                                                                                                                                    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| a) Does the Plan meet the criteria above for Critical Status?                                                                                                                                                      | Y |
| b) Is the Plan projected to become insolvent within the current or following 14 plan years (19 plan years if the ratio of inactive to active participants is at least 2:1 or if the plan is less than 80% funded)? | N |

Endangered Status – Yellow zone if a) does not apply and either b) or c) apply. Orange zone if not a) and both b) and c) apply.

- |                                                                                                                                                                                        |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| a) Is the Plan in either Critical or Critical and Declining Status?                                                                                                                    | Y |
| b) Is the Plan's Funded Percentage less than 80%?                                                                                                                                      | Y |
| c) Is the Plan projected to have an accumulated funding deficiency (negative credit balance) in any of the current or following 6 plan years (reflecting any amortization extensions)? | Y |

Conclusion

Critical Status

## Schedule of Amortization Bases

| MINIMUM FUNDING                      | <u>Initial</u> | <u>Date</u>        | <u>Remaining</u> |                |    |                |
|--------------------------------------|----------------|--------------------|------------------|----------------|----|----------------|
| <u>Charges</u>                       | <u>Amount</u>  | <u>Established</u> | <u>Period</u>    | <u>Balance</u> |    | <u>Payment</u> |
| Combined Charges                     |                | 1/1/2002           | 5.0              | \$ 14,534,378  | \$ | 3,312,898      |
| Experience Loss 03                   |                | 1/1/2003           | 1.0              | 593,331        |    | 593,330        |
| Experience Loss 05                   |                | 1/1/2005           | 3.0              | 910,603        |    | 324,287        |
| Experience Loss 06                   |                | 1/1/2006           | 4.0              | 537,883        |    | 148,409        |
| ENIL Loss                            |                | 1/1/2009           | 16.0             | 2,698,200      |    | 266,939        |
| Experience Loss 09                   |                | 1/1/2009           | 2.0              | 137,647        |    | 71,150         |
| Experience Loss 10                   |                | 1/1/2010           | 3.0              | 479,386        |    | 170,719        |
| Experience Loss 11                   |                | 1/1/2011           | 4.0              | 385,348        |    | 106,323        |
| Experience Loss 12                   |                | 1/1/2012           | 5.0              | 1,014,278      |    | 231,191        |
| Experience Loss 13                   |                | 1/1/2013           | 6.0              | 396,399        |    | 77,722         |
| Experience Loss 14                   |                | 1/1/2014           | 7.0              | 277,476        |    | 48,117         |
| Experience Loss 15                   |                | 1/1/2015           | 8.0              | 1,405,685      |    | 220,006        |
| Assumptions Change 16                | \$ 3,159,250   | 1/1/2016           | 9.0              | 2,259,932      |    | 324,176        |
| Assumption Change 17                 | 5,153,079      | 1/1/2017           | 10.0             | 3,973,803      |    | 528,767        |
| Experience Loss 17                   | 4,026,716      | 1/1/2017           | 10.0             | 3,105,207      |    | 413,189        |
| Experience Loss 18                   | 606,941        | 1/1/2018           | 11.0             | 499,705        |    | 62,279         |
| Experience Loss 20                   | 1,143,456      | 1/1/2020           | 13.0             | 1,049,264      |    | 117,332        |
| Experience Loss 22                   | 2,754,250      | 1/1/2022           | 15.0             | 2,754,250      |    | 282,619        |
| Assumption Change 22                 | 130,427        | 1/1/2022           | 15.0             | 130,427        |    | 13,383         |
| Subtotal                             |                |                    |                  | \$ 37,143,202  | \$ | 7,312,836      |
| <u>Credits</u>                       |                |                    |                  |                |    |                |
| Asset Method Change 03               |                | 1/1/2003           | 16.0             | \$ 718,955     | \$ | 71,129         |
| Experience Gain 04                   |                | 1/1/2004           | 2.0              | 330,528        |    | 170,852        |
| Experience Gain 08                   |                | 1/1/2008           | 1.0              | 167,410        |    | 167,409        |
| Special Asset Valuation              |                | 1/1/2009           | 17.0             | 1,788,453      |    | 171,199        |
| ENIL Gain 10                         |                | 1/1/2010           | 16.0             | 1,024,986      |    | 101,405        |
| Experience Gain 16                   |                | 1/1/2016           | 9.0              | 509,731        |    | 73,119         |
| Assumption Change 18                 | \$ 2,136,614   | 1/1/2018           | 11.0             | 1,759,104      |    | 219,242        |
| Experience Gain 19                   | 29,385         | 1/1/2019           | 12.0             | 25,627         |    | 3,015          |
| Experience Gain 21                   | 1,634,657      | 1/1/2021           | 14.0             | 1,569,607      |    | 167,735        |
| Plan Change 21                       | 16,638,266     | 1/1/2021           | 14.0             | 15,976,153     |    | 1,707,282      |
| Subtotal                             |                |                    |                  | \$ 23,870,554  | \$ | 2,852,387      |
| Net Amortization Balance and Payment |                |                    |                  | \$ 13,272,648  | \$ | 4,460,449      |
| Credit Balance as of January 1, 2022 |                |                    |                  | (29,808,064)   |    |                |
| Unfunded Liability                   |                |                    |                  | \$ 43,080,712  |    |                |

## Changes Since Last Year

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### Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The mortality assumption was updated to the Pri-2012 Blue Collar Headcount Weighted Mortality Table with generational projection by Scale MP-2021. Previously, the assumption was the RP-2014 Blue Collar Mortality Table with generational projection by Scale MP-2017
- The interest rate used to calculate RPA '94 current liability has been changed to 2.22% from 2.43% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.

These changes were made to better anticipate plan experience or to comply with changes prescribed by law.

## Actuarial Methods and Assumptions

As of January 1, 2022

### Interest Rates

|                                   | <u>Current Year</u> | <u>Prior Year</u> |
|-----------------------------------|---------------------|-------------------|
| Minimum/Maximum Funding           | 7.00%               | 7.00%             |
| Present Value of Accrued Benefits | 7.00%               | 7.00%             |

### Mortality

|           |                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Healthy:  | Pri-2012 Blue Collar with generational projection by Scale MP-2021<br>(Previously: RP-2014 Combined Healthy Blue Collar Headcount Weighted Mortality, with generational projection by scale MP-2017)                       |
| Disabled: | SOA Pri-2012 Total Dataset Disabled Mortality Table with generational projection by Scale MP-2021<br>(Previously: RP-2014 Disabled Retiree Headcount Weighted Mortality, with generational projection using scale MP-2017) |

### Turnover

| <u>Age</u> | <u>Rate</u> | <u>Age</u> | <u>Rate</u> |
|------------|-------------|------------|-------------|
| <25        | 4.35%       | 40-44      | 3.68%       |
| 25-29      | 3.73%       | 45-49      | 4.42%       |
| 30-34      | 5.31%       | 50-54      | 3.86%       |
| 35-39      | 4.71%       | 55+        | 0%          |

### Retirement

Based on age and service as follows:

|            | If Active      |                | If Terminated  |                |
|------------|----------------|----------------|----------------|----------------|
|            | <u>Service</u> | <u>Service</u> | <u>Service</u> | <u>Service</u> |
| <u>Age</u> | <u>&lt; 5</u>  | <u>&gt;= 5</u> | <u>&lt; 5</u>  | <u>&gt;= 5</u> |
| 55         | -              | 0.15           | -              | 0.25           |
| 56         | -              | 0.10           | -              | -              |
| 57         | -              | 0.10           | -              | -              |
| 58         | -              | 0.05           | -              | -              |
| 59         | -              | 0.40           | -              | -              |
| 60         | -              | 0.25           | -              | 0.50           |
| 61         | -              | 0.30           | -              | -              |
| 62         | -              | 0.75           | -              | 0.25           |
| 63         | -              | 1.00           | -              | -              |
| 64         | -              | 1.00           | -              | -              |
| 65         | 1.00           | 1.00           | 1.00           | 1.00           |

## Actuarial Methods and Assumptions (continued)

**Disability** 1973 Disability Model, Transactions of Society of Actuaries, XXVI. Sample rates are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 0.0008      |
| 35         | 0.0012      |
| 45         | 0.0032      |
| 55         | 0.0122      |

**Expenses** Administrative expenses, expressed as of the beginning of the year, are assumed to be prior year non-investment related expenses, and increasing by 2.5% for inflation each year thereafter.

**Percent Married** 80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.

**Asset Valuation** Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

**Funding Method** Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.

**Incomplete Data** None.

**Benefit Accrual Rate** Pension credits and expected contributions were projected on the assumption that all active participants would work annual hours equal to the average of the prior three years, with contribution rates set forth in the current collective bargaining agreement(s).

## Actuarial Methods and Assumptions (continued)

**Calculation of Actuarial Present Value of Accrued Plan Benefits** The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.

**Projected Industry Activity** For the purpose of the credit balance projection, future covered employment for 2022 and beyond has been estimated to be 262,000 total hours per year. This assumption has been set with input from the Board of Trustees.

**Models Used in Preparing Results** Cowden Associates, Inc. uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

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

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

**I.B.E.W. LOCAL UNION NO. 237 PENSION FUND**  
**EIN: 16-6094914**  
**PLAN NO. 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

| (a)                                                                                                 | (b)                                   | (c)                                            | (d)                       | (e)                                         | (f)                      | (g)                      | (h)                                                           |
|-----------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------|---------------------------|---------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------|
| <u>Identity of Party</u>                                                                            | <u>Description</u>                    | <u>Number of<br/>Purchase<br/>Transactions</u> | <u>Purchase<br/>Price</u> | <u>Number of<br/>Sales<br/>Transactions</u> | <u>Selling<br/>Price</u> | <u>Cost of<br/>Asset</u> | <u>Current value<br/>of Asset on<br/>Transaction<br/>Date</u> |
| <b>Single Transaction in Excess of 5% of Plan Assets Involving Securities of the Same Issue</b>     |                                       |                                                |                           |                                             |                          |                          |                                                               |
| N/A                                                                                                 |                                       |                                                |                           |                                             |                          |                          |                                                               |
| <b>Series of Transactions Involving Securities of the Same Issue in Excess of 5% of Plan Assets</b> |                                       |                                                |                           |                                             |                          |                          |                                                               |
| M&T Investment Group                                                                                | MCG Group Trust Fixed Income          |                                                |                           | 3                                           | \$650,000                | \$720,725                | \$650,000                                                     |
| M&T Investment Group                                                                                | MCG Group Trust Fixed Income          | 2                                              | \$500,000                 |                                             |                          | \$500,000                | \$500,000                                                     |
| M&T Investment Group                                                                                | Wilmington US Government Money Market | 36                                             | \$588,333                 |                                             |                          | \$588,333                | \$588,333                                                     |
| M&T Investment Group                                                                                | Wilmington US Government Money Market |                                                |                           | 2                                           | \$600,001                | \$600,001                | \$600,001                                                     |
| M&T Investment Group                                                                                | Wilmington US Government Money Market |                                                |                           | 2                                           | \$600,001                | \$600,001                | \$600,001                                                     |

The accompanying notes are an integral part of these schedules.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><hr/> <b>2022</b><br><hr/> <b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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.

|                                                                                                                           |                                                                                                                                                                                                                               |                                               |            |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|
| <b>A</b> Name of plan<br>IBEW LOCAL UNION NO. 237 PENSION PLAN                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>              | <b>B</b> Three-digit plan number (PN) ►       | 001        |
| <b>B</b> Three-digit plan number (PN) ►                                                                                   | 001                                                                                                                                                                                                                           |                                               |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IBEW LOCAL 237 PENSION PLAN BOARD OF TRUSTEES | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>D</b> Employer Identification Number (EIN)</td> <td style="width: 20%; text-align: center;">16-6094914</td> </tr> </table> | <b>D</b> Employer Identification Number (EIN) | 16-6094914 |
| <b>D</b> Employer Identification Number (EIN)                                                                             | 16-6094914                                                                                                                                                                                                                    |                                               |            |

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2022

**b** Assets

|                                                                  |              |            |
|------------------------------------------------------------------|--------------|------------|
| (1) Current value of assets .....                                | <b>1b(1)</b> | 17,722,881 |
| (2) Actuarial value of assets for funding standard account ..... | <b>1b(2)</b> | 17,040,165 |

**c** (1) Accrued liability for plan using immediate gain methods .....

|                                                           |                 |            |
|-----------------------------------------------------------|-----------------|------------|
| (2) Information for plans using spread gain methods:      |                 |            |
| (a) Unfunded liability for methods with bases .....       | <b>1c(2)(a)</b> |            |
| (b) Accrued liability under entry age normal method ..... | <b>1c(2)(b)</b> |            |
| (c) Normal cost under entry age normal method .....       | <b>1c(2)(c)</b> |            |
| (3) Accrued liability under unit credit cost method ..... | <b>1c(3)</b>    | 60,120,877 |

**d** Information on current liabilities of the plan:

|                                                                                                               |                 |             |
|---------------------------------------------------------------------------------------------------------------|-----------------|-------------|
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |             |
| <b>(2) "RPA '94" information:</b>                                                                             |                 |             |
| (a) Current liability .....                                                                                   | <b>1d(2)(a)</b> | 111,609,658 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> | 2,044,083   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | 4,496,077   |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b>    | 4,496,077   |

**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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                                                                                                              |                                                                                                                                                                                                                                                                                            |                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>SIGN HERE</b></td> <td style="width: 90%; text-align: center;"> <br/>           Signature of actuary<br/>           _____<br/>           Type or print name of actuary<br/>           _____<br/>           COWDEN ASSOCIATES, INC.<br/>           _____<br/>           Firm name         </td> </tr> </table> | <b>SIGN HERE</b>                                                                                                             | <br>Signature of actuary<br>_____<br>Type or print name of actuary<br>_____<br>COWDEN ASSOCIATES, INC.<br>_____<br>Firm name | <table style="width: 100%;"> <tr> <td style="text-align: center;"> <u>9/29/2023</u><br/>           Date<br/>           2307217<br/>           Most recent enrollment number<br/>           412-394-9330<br/>           Telephone number (including area code)         </td> </tr> </table> | <u>9/29/2023</u><br>Date<br>2307217<br>Most recent enrollment number<br>412-394-9330<br>Telephone number (including area code) |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br>Signature of actuary<br>_____<br>Type or print name of actuary<br>_____<br>COWDEN ASSOCIATES, INC.<br>_____<br>Firm name |                                                                                                                              |                                                                                                                                                                                                                                                                                            |                                                                                                                                |
| <u>9/29/2023</u><br>Date<br>2307217<br>Most recent enrollment number<br>412-394-9330<br>Telephone number (including area code)                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                                              |                                                                                                                                                                                                                                                                                            |                                                                                                                                |

FOUR GATEWAY CENTER SUITE 605  
 PITTSBURGH PA 15222  
 Address of the firm

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

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 17,722,881                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 180                               | 53,723,851                   |
| (2) For terminated vested participants .....                                                                                        | 77                                | 19,347,288                   |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 2,486,594                    |
| (b) Vested benefits .....                                                                                                           |                                   | 36,051,925                   |
| (c) Total active .....                                                                                                              | 171                               | 38,538,519                   |
| (4) Total .....                                                                                                                     | 428                               | 111,609,658                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 15.87 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/30/2022               | 4,311,982                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>3(b)</b>              | 4,311,982                         | <b>3(c)</b> 0                   |

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

**4** Information on plan status:

|                                                                                                                                                                        |                                                                     |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b>                                                           | 28.3 %     |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b>                                                           | C          |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b>                                                           | 16,202,598 |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b>                                                           |            |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;                                                    |                                                                     |            |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. .... <input checked="" type="checkbox"/>          |                                                                     |            |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |                                                                     | 2044       |

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

|                                                                             |                                                            |                                                                            |                                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                       | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                  | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):                          |                                                            |                                                                            |                                             |
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... |                                                            |                                                                            | <b>5j</b>                                   |

- 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** 2.22 %
- |                                                                                                                          | Pre-retirement                                                                                                                                    | Post-retirement                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>b</b> Rates specified in insurance or annuity contracts                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                    |                                                                                                                                                   |                                                                                                  |
| <b>(1)</b> Males                                                                                                         | <b>6c(1)</b> 9P                                                                                                                                   | 9P                                                                                               |
| <b>(2)</b> Females                                                                                                       | <b>6c(2)</b> 9PF                                                                                                                                  | 9PF                                                                                              |
| <b>d</b> Valuation liability interest rate                                                                               | <b>6d</b> 7.00 %                                                                                                                                  | 7.00 %                                                                                           |
| <b>e</b> Salary scale                                                                                                    | <b>6e</b> % <input checked="" type="checkbox"/> N/A                                                                                               |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                             |                                                                                                                                                   |                                                                                                  |
| <b>(1)</b> Type of interest rate                                                                                         | <b>6f(1)</b> <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate                                              | <b>6f(2)</b>                                                                                                                                      | 7.00 %                                                                                           |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date                  | <b>6g</b>                                                                                                                                         | 7.9 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date                    | <b>6h</b>                                                                                                                                         | 12.8 %                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b                                                        | <b>6i</b>                                                                                                                                         | <input type="checkbox"/> N/A                                                                     |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage                     | <b>6i(1)</b>                                                                                                                                      | %                                                                                                |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | <b>6i(2)</b>                                                                                                                                      | 118,000                                                                                          |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box                                              | <b>6i(3)</b>                                                                                                                                      | <input type="checkbox"/>                                                                         |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 4                | 130,427             | 13,383                         |
| 1                | 2,754,250           | 282,619                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**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** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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**

29,808,064

**b** Employer's normal cost for plan year as of valuation date .....

**9b**

869,889

**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)**

37,143,202

7,312,836

(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**

2,659,355

**e** Total charges. Add lines 9a through 9d .....

**9e**

40,650,144

**Credits to funding standard account:**

**f** Prior year credit balance, if any .....

**9f**

0

**g** Employer contributions. Total from column (b) of line 3 .....

**9g**

4,311,982

Outstanding balance

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

**9h**

23,870,554

2,852,387

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

**9i**

326,376

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

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

**9j(1)**

15,128,385

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

**9j(2)**

87,019,748

(3) FFL credit .....

**9j(3)**

0

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

**9k(1)**

(2) Other credits .....

**9k(2)**

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

**9l**

7,490,745

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

**9m**

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

**9n**

33,159,399

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

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year .....

**9o(1)**

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

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

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

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

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

0

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

**9o(3)**

0

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

**10**

33,159,399

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

☒ Yes ☐ No