

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 099
1c	Effective date of plan 12/05/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL UNION NO. 3, IBEW, AFL-CIO 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365-3085
2b	Employer Identification Number (EIN) 13-5574127
2c	Plan Sponsor's telephone number 718-591-4000
2d	Business code (see instructions) 813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	BARBARA INESON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	THOMAS J. CLEARY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 68 6a(2) 72 6b 3 6c 47 6d 122 6e 3 6f 125 6g(1) 124 6g(2) 125 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2H 2J 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN	B Three-digit plan number (PN) ▶	099
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 3, IBEW, AFL-CIO	D Employer Identification Number (EIN) 13-5574127	

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

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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)

STATE STREET CORPORATION

1776 HERITAGE DRIVE
NORTH QUINCY, MA 02171

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	INVESTMENT CUSTODIAN	7029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

116 HUNTINGTON AVENUE
BOSTON, MA 02116

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE & A

213 WASHINGTON STREET
NEWARK, NJ 07102

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	PLAN ADMINISTRATOR	3341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN</u>	B Three-digit plan number (PN) <u>099</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL UNION NO. 3, IBEW, AFL-CIO</u>	D Employer Identification Number (EIN) <u>13-5574127</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12935933</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 2000 ALPHA TILTS</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>		
c EIN-PN <u>94-3123057-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>550915</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD INSTITUTIONAL 500 INDEX TR</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1773464</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT INCOME T</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735883-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>635706</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2020 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735899-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>322178</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2025 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735963-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2434715</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2030 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735964-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2228721</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735965-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 821274
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735971-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 641498
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283363
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735976-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 721177
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206374
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799736-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95845
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2065 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 82-6204383-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35099
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN	B Three-digit plan number (PN) ▶	099
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 3, IBEW, AFL-CIO		
		D Employer Identification Number (EIN) 13-5574127

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		4
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	589299	644520
(9) Value of interest in common/collective trusts	1c(9)	21863934	23686262
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3755324	5042084
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26208557	29372870
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8440	8156
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8440	8156
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26200117	29364714

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1040485	
(B) Participants	2a(1)(B)	733873	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1774358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26029	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26033
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	65226	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		65226
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1996653
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		777271
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4639541

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1428963	
(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)		1428963
f Corrective distributions (see instructions)	2f		27611
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	3341	
(3) Recordkeeping fees.....	2i(3)	3000	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	12029	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		18370
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1474944

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3164597
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: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN	B Three-digit plan number (PN) ▶ 099
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 3, IBEW, AFL-CIO	D Employer Identification Number (EIN) 13-5574127

Part I	Distributions
--------	---------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☒ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☒ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

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

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND
CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

YEAR ENDED DECEMBER 31, 2023

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Independent Auditor's Report**Board of Trustees**

401(k) Plan of the Officials, Business Representatives,
Office and Clerical Employees of Local Union No. 3,
I.B.E.W., AFL-CIO

Opinion

We have audited the accompanying financial statements of the 401(k) Plan of the Officials, Business Representatives, Office and Clerical Employees of Local Union No. 3, I.B.E.W., AFL-CIO (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 Plan as of December 31, 2023, and the changes in net assets available for benefits for the year ended December 31, 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Comparative Information Audited by Other Auditors

The Plan's 2022 financial statements were audited by other auditors whose report dated June 8, 2023 expressed an unmodified audit opinion on those audited financial statements.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 18 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.



Hauppauge, New York
October 8, 2024

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 4	\$ -
Common/collective trust funds	23,686,262	21,863,935
Registered investment companies	<u>5,042,084</u>	<u>3,755,323</u>
Total investments	28,728,350	25,619,258
Receivables		
Notes from participants	<u>644,520</u>	<u>589,299</u>
Total assets	<u>29,372,870</u>	<u>26,208,557</u>
Liabilities		
Accounts payable	<u>8,156</u>	<u>8,440</u>
Total liabilities	<u>8,156</u>	<u>8,440</u>
Net assets available for benefits	<u><u>\$ 29,364,714</u></u>	<u><u>\$ 26,200,117</u></u>

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2023

	<u>2023</u>
<i>Additions to net assets attributed to:</i>	
Investment income (loss)	
Net appreciation (depreciation) in fair value of investments	\$ 2,773,924
Interest/dividends	<u>91,259</u>
Total investment income (loss)	2,865,183
Less investment expenses	<u>(12,029)</u>
Net investment income (loss)	2,853,154
Contributions	
Participants'	695,742
Employer	1,040,485
Rollovers	<u>38,131</u>
Total additions	<u>4,627,512</u>
<i>Deductions from net assets attributed to:</i>	
Benefits paid directly to participants or beneficiaries	1,428,963
Corrective distributions	27,611
Administrative expenses	<u>6,341</u>
Total deductions	<u>1,462,915</u>
Net increase (decrease)	3,164,597
Net assets available for benefits	
Beginning of year	<u>26,200,117</u>
End of year	<u><u>\$ 29,364,714</u></u>

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the 401(k) Plan of the Officials, Business Representatives, Office and Clerical Employees of Local Union No. 3, I.B.E.W., AFL-CIO (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective April 1, 2020 and is a profit sharing plan with salary reduction features established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between Local Union No. 3 of the International Brotherhood of Electrical Workers, AFL-CIO (the "Employer" or "Plan Sponsor") and Local 153, Office and Professional Employees International Union, AFL-CIO (the "Union"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to enable and encourage retirement savings for eligible participants.

Participation

An individual becomes a participant in the Plan the first day of full-time employment with the Employer.

Vesting

Participants are immediately 100% vested in all contributions and related earnings credited to their individual accounts.

Benefits

A participant, or the participant's beneficiary, is entitled to receive benefits, if the participant:

1. Retires upon attaining age 55
2. Dies
3. Becomes totally and permanently disabled
4. Terminates employment
5. Attains age 59 ½
6. Requests a Hardship Withdrawal
7. Qualifies for an In-Service Distribution

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Benefits (cont'd)

Plan regulations mandate that the distribution of a participant's benefit commences when the participant attains age 73.

Prior to January 1, 2023, Plan regulations mandated that the distribution of a participant's benefit commenced when the participant attained age 72. Effective January 1, 2023, in accordance with the Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022 ("SECURE 2.0 Act"), the Plan was amended and mandates that the distribution of a participant's benefit commences when the participant attains age 73.

Benefits are recorded when paid.

A participant may elect any one of the following methods of payment:

- a. One lump sum
- b. Periodic payments

Hardship withdrawals

In the event of certain financial hardships, as defined in the Plan, a participant may apply for a distribution from his/her account upon satisfying certain conditions.

In-service distributions of employer contributions

Participants may receive specified distributions from their Employer contribution account, subject to limitations, if they are not eligible to receive a similar benefit from another plan administered or contributed to by their employer.

Notes receivable from participants

A participant may generally borrow up to 50% of the amount in his or her individual account not to exceed \$50,000. Loans shall not be less than \$500. The loans are secured by the balance in the participants' accounts. Loans are limited to purposes defined in the Plan and interest shall be charged at a fixed rate based on the prime rate announced in the Wall Street Journal on the last business day of the month preceding the date of the loan. In general, loans must be repaid within a period of 1 to 5 years. Loans relating to the purchase of a principal residence must be repaid within a period of 5 to 30 years.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Notes receivable from participants (cont'd)

Notes receivable from participants are measured at their unpaid principal balance. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments in accordance with the terms of the loan and the plan administrator considers the participant loan to be in default, the amount of the outstanding loan balance will be treated as a distribution and reported as taxable income to the participant. A participant who defaults on a loan must repay the loan before receiving another loan from the plan and will be required to wait 12 months before requesting another loan.

Participant accounts

Individual accounts are maintained for each participant of the Plan and are "participant directed" for investment purposes. Under this strategy, each participant directs the investment of his/her account into various investment options offered by the Plan. Each participant's account is credited with contributions made on his/her behalf. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Plan termination

The Plan Sponsor expects and intends to continue the Plan indefinitely, but reserves the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be non-forfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Administrative costs

The Plan Sponsor has agreed to assist in the administration of the Plan and absorb certain administrative costs related to the Plan.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Note 2 - Fair value measurements

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

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 2 - Fair value measurements (cont'd)

Investments measured at net asset value: The value of common/collective trust funds and non-publicly traded registered investment companies are estimated by the management of each investment entity.

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 4	\$ 4	\$ -	\$ -
Registered investment companies	<u>4,927,698</u>	<u>4,927,698</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	4,927,702	\$ <u><u>4,927,702</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>
Investments measured at net asset value	<u>23,800,648</u>			
Investments at fair value	\$ <u><u>28,728,350</u></u>			

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2022, with fair value measurements on a recurring basis:

	<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Registered investment companies	\$ <u>3,641,456</u>	\$ <u>3,641,456</u>	\$ <u>-</u>	\$ <u>-</u>
Total assets in the fair value hierarchy	3,641,456	\$ <u><u>3,641,456</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>
Investments measured at net asset value	<u>21,977,802</u>			
Investments at fair value	\$ <u><u>25,619,258</u></u>			

Note 3 - Common/collective trust funds

The Plan is invested in several common/collective trust funds. The fair value of the investments is determined by the management of each investment and is generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

The Morley Stable Value Fund is a collective investment trust with an objective to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit responsive plans or participant payments. The estimated fair value of the Plan's investment as of December 31, 2023 and 2022 was \$12,935,933 and \$13,058,470, respectively.

The Vanguard Target Retirement 2025 Trust Plus ("Vanguard 2025") is a collective investment trust for employee benefit plans and eligible entities. Vanguard 2025 invests substantially all of its assets in the Target Retirement 2025 Master Trust, which has the same investment objectives as Vanguard 2025. The estimated fair value of the Plan's investment as of December 31, 2023 and 2022 was \$2,434,715 and \$1,968,377, respectively.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 3 - Common/collective trust funds (cont'd)

The Vanguard Target Retirement 2030 Trust Plus ("Vanguard 2030") is a collective investment trust for employee benefit plans and eligible entities. Vanguard 2030 invests substantially all of its assets in the Target Retirement 2030 Master Trust, which has the same investment objectives as Vanguard 2030. The estimated fair value of the Plan's investment as of December 31, 2023 and 2022 was \$2,228,721 and \$1,899,286, respectively.

The Vanguard Institutional 500 Index Trust Plus ("Vanguard Institutional 500") is a collective investment trust for eligible tax exempt entities. Vanguard Institutional 500 invests substantially all of its assets in Vanguard 500 Index Fund, which has the same investment objectives as Vanguard Institutional 500. The estimated fair value of the Plan's investment as of December 31, 2023 and 2022 was \$1,773,464 and \$1,486,359, respectively.

Note 4 - Risks and uncertainties

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

Note 5 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 6 - Participants' contributions

Participants may elect salary deferrals of up to the annual maximum established by the IRS during any Plan year. Participants who are age 50 at the end of any calendar year may make "catch up" contributions up to the annual maximum established by the IRS during any plan year. The Plan also accepts rollover contributions or transfers to the Plan with the approval of the Plan Sponsor.

For the year ended December 31, 2023, refunds of contributions received in excess of IRS limits amounted to \$27,611.

Note 7 - Employer contributions

The Employer makes non-elective contributions to the Plan based on a percentage of each participant's total compensation. In addition, employer contributions made to the Health Reimbursement Account of the Electrical Industry that exceed designated maximums are remitted to the Plan.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 8 - Reconciliation of participants' accounts to net assets available for benefits

	<u>2023</u>	<u>2022</u>
Value of participants' accounts	\$ 28,728,350	\$ 25,619,258
Notes from participants	644,520	589,299
Accounts payable	<u>(8,156)</u>	<u>(8,440)</u>
Net assets available for benefits	\$ <u>29,364,714</u>	\$ <u>26,200,117</u>

Note 9 - Reconciliation of financial statements to Form 5500

For financial statement purposes, participant loans are required to be classified as notes receivable from participants. This differs from the reporting requirements of the Department of Labor which requires that these assets be shown as investments.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 2,853,154	\$ 12,029	\$ 2,865,183
Contributions	<u>1,774,358</u>	<u>-</u>	<u>1,774,358</u>
Total additions	<u>4,627,512</u>	<u>12,029</u>	<u>4,639,541</u>
Benefits paid directly to participants or beneficiaries	1,428,963	-	1,428,963
Corrective distributions	27,611	-	27,611
Administrative expenses	<u>6,341</u>	<u>12,029</u>	<u>18,370</u>
Total deductions	<u>1,462,915</u>	<u>12,029</u>	<u>1,474,944</u>
Net increase	\$ <u>3,164,597</u>	\$ <u>-</u>	\$ <u>3,164,597</u>

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

Note 10 - Tax status

The Plan has received a determination letter from the IRS dated May 20, 2014, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2023

EIN 13-5574127, PLAN NO. 099

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
		INTEREST RATE	MATURITY DATE		
	ISSUER			COST	CURRENT VALUE
*	STATE STREET INSTITUTIONAL LIQUID RESERVES	VARIABLE	ON DEMAND	\$ 4	\$ 4
				\$ 4	\$ 4

* PARTY-IN-INTEREST

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

SCHEDULE OF PARTICIPANT LOANS

DECEMBER 31, 2023

EIN 13-5574127, PLAN NO. 099

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION PARTICIPANT LOANS		(d)	(e)
		ISSUER	TERM INTEREST RATE		
*	PARTICIPANT LOANS		VARIABLE 3.25%-8.50%	COST ** \$ -	CURRENT VALUE \$ 644,520
				\$ -	\$ 644,520

* PARTY-IN-INTEREST

** COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2023

EIN 13-5574127, PLAN NO. 099

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST **	CURRENT VALUE
BLACKROCK RUSSELL 2000 ALPHA TILTS FUND F	25,469	\$ -	\$ 550,915
MORLEY STABLE VALUE FUND	435,293	-	12,935,933
VANGUARD INSTITUTIONAL 500 INDEX TRUST	7,187	-	1,773,464
VANGUARD TARGET RETIREMENT 2020 TRUST PLUS	4,711	-	322,178
VANGUARD TARGET RETIREMENT 2025 TRUST PLUS	32,756	-	2,434,715
VANGUARD TARGET RETIREMENT 2030 TRUST PLUS	27,904	-	2,228,721
VANGUARD TARGET RETIREMENT 2035 TRUST PLUS	9,578	-	821,274
VANGUARD TARGET RETIREMENT 2040 TRUST PLUS	7,067	-	641,498
VANGUARD TARGET RETIREMENT 2045 TRUST PLUS	3,014	-	283,363
VANGUARD TARGET RETIREMENT 2050 TRUST PLUS	7,604	-	721,177
VANGUARD TARGET RETIREMENT 2055 TRUST PLUS	2,179	-	206,374
VANGUARD TARGET RETIREMENT 2060 TRUST PLUS	1,680	-	95,845
VANGUARD TARGET RETIREMENT 2065 TRUST PLUS	996	-	35,099
VANGUARD TARGET RETIREMENT INCOME TRUST PLUS	12,095	-	635,706
		<u>\$ -</u>	<u>\$ 23,686,262</u>

** COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL
EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2023

EIN 13-5574127, PLAN NO. 099

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST **	CURRENT VALUE
AFL CIO HOUSING TRUST	23,348	\$ -	\$ 114,385
BAIRD CORE PLUS BOND FUND INSTITUTIONAL SHARES	1,917	-	19,499
PUTNAM LARGE-CAP VALUE TRUST	14,484	-	256,370
VANGUARD DEVELOPED MARKETS INDEX FUND INSTITUTIONAL	2,535	-	288,910
VANGUARD REAL ESTATE INDEX FUND INSTITUTIONAL SHARES	5,142	-	99,604
VANGUARD TOTAL BOND MARKET INDEX FUND INSTITUTIONAL	753	-	80,851
VANGUARD MID-CAP INSEX FUND INSTITUTIONAL PLUS SHARES	3,471	-	1,089,355
VANGUARD GROWTH INDEX FUND INSTITUTIONAL SHARES	12,292	-	1,966,790
VANGUARD SMALL-CAP INDEX FUND INSTITUTIONAL SHARES	4,207	-	429,902
VANGUARD VALUE INDEX FUND INSTITUTIONAL SHARES	11,948	-	696,418
		<u>\$ -</u>	<u>\$ 5,042,084</u>

** COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**401(k) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES,
OFFICE AND CLERICAL EMPLOYEES OF
LOCAL UNION NO. 3, I.B.E.W., AFL-CIO**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 13-5574127, Plan No. 099

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment			Cost**	Current value	
	Maturity date	Rate of interest	Par maturity value or shares			
<u>1c(1) - Interest-bearing cash:</u>						
State Street Institutional Liquid Reserves			4		\$ 4	
<u>1c(9) - Common/collective trusts:</u>						
BlackRock Russell 2000 Alpha Tilts Fund F			25,469		550,915	
Morley Stable Value Fund			12,966,274		12,935,933	
Vanguard Institutional 500 Index Trust			7,187		1,773,464	
Vanguard Target Retirement Income Trust Plus			12,095		635,706	
Vanguard Target Retirement 2020 Trust Plus			4,711		322,178	
Vanguard Target Retirement 2025 Trust Plus			32,755		2,434,715	
Vanguard Target Retirement 2030 Trust Plus			27,904		2,228,721	
Vanguard Target Retirement 2035 Trust Plus			9,578		821,274	
Vanguard Target Retirement 2040 Trust Plus			7,067		641,498	
Vanguard Target Retirement 2045 Trust Plus			3,014		283,363	
Vanguard Target Retirement 2050 Trust Plus			7,604		721,177	
Vanguard Target Retirement 2055 Trust Plus			2,179		206,374	
Vanguard Target Retirement 2060 Trust Plus			1,680		95,845	
Vanguard Target Retirement 2065 Trust Plus			996		35,099	
Total common/collective trusts					<u>23,686,262</u>	
<u>1c(13) - Registered investment companies:</u>						
AFL-CIO Housing Investment Trust			122		114,386	
Baird Core Plus Bond Fund Institutional Shares			1,917		19,499	
Putnam Large-Cap Value Trust			14,484		256,370	
Vanguard Developed Markets Index Fund Institutional			2,535		288,910	
Vanguard Growth Index Fund Institutional Shares			12,292		1,966,790	
Vanguard Mid-Cap Index Fund Institutional Plus Shares			3,471		1,089,355	
Vanguard Real Estate Index Fund Institutional Shares			5,142		99,603	
Vanguard Small-Cap Index Fund Institutional Shares			4,207		429,902	
Vanguard Total Bond Market Index Fund Institutional			753		80,851	
Vanguard Value Index Fund Institutional Shares			11,947		696,418	
Total registered investment companies					<u>5,042,084</u>	
Total investments					<u>\$28,728,350</u>	
<u>1c(8) - Participant loans:</u>						
* Participant loans		Prime			\$ 644,520	

* Parties-in-interest.

** Cost omitted; participant directed account Plan.