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

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:
- [X] 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) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IBEW LOCAL 595 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/08/1965

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

7180 KOLL CENTER PKWY STE 200
PLEASANTON, CA 94566

2b Employer Identification Number (EIN)
94-6279541

2c Plan Sponsor's telephone number
925-208-9999

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3336
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1607
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1537
b	Retired or separated participants receiving benefits	**6b**	1082
c	Other retired or separated participants entitled to future benefits	**6c**	434
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3053
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	242
f	Total. Add lines **6d** and **6e**.	**6f**	3295
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	159

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

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

1a	Enter the valuation date: Month 01 Day 01 Year 2023		
b	Assets		
(1)	Current value of assets	**1b(1)**	496653454
(2)	Actuarial value of assets for funding standard account	**1b(2)**	527405928
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	545331874
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	545331874
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	960227710
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	29321195
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	42200740
(3)	Expected plan disbursements for the plan year	**1d(3)**	43558278

Statement by Enrolled Actuary

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

SIGN HERE

	09/26/2024
Signature of actuary	Date
WENDY LONDA	23-07600
Type or print name of actuary	Most recent enrollment number
RAEL & LETSON	650-341-3311
Firm name	Telephone number (including area code)
160 BOVET ROAD, SUITE 203, SAN MATEO, CA 94402	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	496653454
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1311	552028210
(2) For terminated vested participants		480	109032578
(3) For active participants:			
(a) Non-vested benefits			20044486
(b) Vested benefits			279122436
(c) Total active		1554	299166922
(4) Total		3345	960227710
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.72 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2023	26829305	0			
			Totals ► **3(b)**	26829305	**3(c)** 0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	96.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • 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 ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.55 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	7P2025	7P2025
(2) Females	**6c(2)**	7FP2025	7FP2025
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-9.7 %	
i Expense load included in normal cost reported in line 9b	**6i**	☒ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	860900	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	1206374	123788
3	786165	80670

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**	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	11047764

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)**	220789739		31898065
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	3006208
e Total charges. Add lines 9a through 9d			**9e**	45952037
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	137777214
g Employer contributions. Total from column (b) of line 3			**9g**	26829305
			Outstanding balance	
h Amortization credits as of valuation date	**9h**	65086579		15287225
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	11653536
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	211328635		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	355179456		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	191547280
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	145595243
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FORT WA INVESTMENT ADVISORS, INC.

31-1301863

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

FIRST EAGLE INVESTMENT MGMT LLC

57-1156902

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

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

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

WCM INVESTMENT MANAGEMENT, LLC

95-3046237

(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)

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	788099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(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?
51	NONE	749994	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	309372	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	229268	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	180000	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [ ]

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	150091	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	124390	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAEL & LETSON

94-1701048

(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?
11 17	NONE	104406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEONARD CARDER, LLP

94-2819269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	55344	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAN JOAQUIN & CALAVERAS CNTYS JATC

94-6411032

(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?
49	NONE	14811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPHEN HORN INSURANCE SERVICES

94-3249244

(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?
53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	19471	Yes [ ] No [X]

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)

HAMILTON LANE ADVISORS, LLC

23-2962336

(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?
52	NONE	527446	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ELECTRICAL INDUSTRY SERVICE CORP.

94-3053367

(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?
14	RELATED ORGANIZATION	160751	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(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 51 52	NONE	57525	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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.

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

A Name of plan
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WA CAP JOINT MASTER TRUST

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1163419-001	E	58078753

a Name of MTIA, CCT, PSA, or 103-12 IE: SIERRA FRANKLIN EAFE PLUS EQUITY TR

b Name of sponsor of entity listed in (a): FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH

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)
90-6149946-001	C	29537731

a Name of MTIA, CCT, PSA, or 103-12 IE: VICT TRI. INTL SM CAP COLLECTIVE FD

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

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)
80-6249702-006	C	12533566

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2915268	3358996
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2434097	2693591
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	353103	498795
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	14797113	23382296
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	12053662	15595050
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	155308329	172362794
(5) Partnership/joint venture interests	1c(5)	162418402	145867312
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	37895644	42071297
(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)	63119970	58078753
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3602598	8788516
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	39236083	55658945

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	2922494	2997796
f	Total assets (add all amounts in lines 1a through 1e)	1f	497056763	531354141
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	403309	722669
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	403309	722669
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	496653454	530631472

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	26829305	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		26829305
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	79795	
	(B) U.S. Government securities	2b(1)(B)	581600	
	(C) Corporate debt instruments	2b(1)(C)	824988	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	45709	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1532092
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	2224104	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	277274	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2501378
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	291311249	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	270530194	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		20781055
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	25668135	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		25668135

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5492627
(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)		-3948277
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		76001
d Total income. Add all **income** amounts in column (b) and enter total	2d		78932316
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41189792	
(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)		41189792
f Corrective distributions (see instructions)	2f		
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)	229268	
(3) Recordkeeping fees	2i(3)	14811	
(4) IQPA audit fees	2i(4)	45800	
(5) Investment advisory and investment management fees	2i(5)	2891354	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	104406	
(8) Legal fees	2i(8)	55344	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	423523	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3764506
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44954298
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33978018
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MILLER KAPLAN ARASE LLP **(2)** EIN: 95-2036255

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		200639547
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 524739.

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
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

Part I Distributions

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

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

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

EIN(s): 38-2383171

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	0
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	0
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 CUPERTINO ELECTRIC INC

b EIN 94-1403967 **c** Dollar amount contributed by employer 2474739

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer BOCKMON & WOODY ELECT

b EIN 68-0203806 **c** Dollar amount contributed by employer 979172

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer COLLINS ELECTRIC INC

b EIN 94-1134154 **c** Dollar amount contributed by employer 828816

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer ROSENDIN ELECTRIC

b EIN 94-1242813 **c** Dollar amount contributed by employer 586558

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer INTERMOUNTAIN ELECTRIC COMPANY

b EIN 14-1877889 **c** Dollar amount contributed by employer 550001

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer PRIME ELECTRIC (AMS)

b EIN 56-2422903 **c** Dollar amount contributed by employer 1489822

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SPRIG ELECTRIC

b EIN 94-2217239 **c** Dollar amount contributed by employer 548961

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 2024

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) 14.62
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DESIGN ELECTRIC

b EIN 94-2393430 **c** Dollar amount contributed by employer 697910

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 2024

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) 14.62
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MORROW MEADOWS CORP

b EIN 95-2313206 **c** Dollar amount contributed by employer 498247

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 2024

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) 14.62
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TULUM SYSTEMS

b EIN 47-5431843 **c** Dollar amount contributed by employer 468989

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 2024

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) 14.62
(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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	275
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	272
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	200

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

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

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

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

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: 44.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 7.7 %

High-Yield Debt: 10.5 % Real Assets: 20.9 % Cash or Cash Equivalents: 1.4 % Other: 15.2 %

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

[X] 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_____.

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	94-6279541	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	94-6279541	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	94-6279541	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment	Schedule MB, line 8b(3)	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**	**This Form is Open to Public Inspection**

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	94-6279541	**PN**	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total

Structured Attachment	Schedule MB, line 8b(1)	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	**This Form is Open to Public Inspection**

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	94-6279541	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	94-6279541	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

Structured Attachment	Schedule MB, line 3(d) Withdrawal Liability Amounts	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	94-6279541	PN	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2023-07-01	0	0	0

Name of Plan	IBEW LOCAL 595 PENSION PLAN						
Plan Year Begin Date	01/01/2023	**Plan Year End Date**	12/31/2023	**EIN**	94-6279541	**PN**	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts

IBEW LOCAL 595 PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

MILLER KAPLAN

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
IBEW Local 595 Pension Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

We have audited the accompanying financial statements of IBEW Local 595 Pension Plan (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, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 19, 2024

IBEW LOCAL 595 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2023		December 31, 2022	
ASSETS				
INVESTMENTS, AT FAIR VALUE				
Common Stock	$ 172,362,794		$ 155,308,329	
Corporate Debt Securities	15,595,050		12,053,662	
Government Debt Securities	24,269,006		15,356,598	
103-12 Investment Entity	58,078,753		63,119,970	
Common/Collective Trusts	42,071,297		37,895,644	
Money Market Mutual Fund	8,788,516		3,602,598	
Limited Liability Corporation/Limited Partnerships	200,639,547	$ 521,804,963	201,095,000	$ 488,431,801
CASH		3,358,996		2,915,268
TOTAL CASH AND INVESTMENTS		525,163,959		491,347,069
RECEIVABLES				
Employer Contributions	2,693,591		2,434,097	
Investment Income	498,795		353,103	
TOTAL RECEIVABLES		3,192,386		2,787,200
OTHER ASSETS				
Prepaid Expenses	126,431		113,147	
Prepaid Pension Benefits	2,871,365		2,809,347	
TOTAL OTHER ASSETS		2,997,796		2,922,494
TOTAL ASSETS		531,354,141		497,056,763
LIABILITIES				
Accrued Expenses	378,433		379,581	
Payable for Investments Purchased, Net	344,236		21,533	
Due to Service Corporation	-		2,195	
TOTAL LIABILITIES		722,669		403,309
NET ASSETS AVAILABLE FOR BENEFITS		$ 530,631,472		$ 496,653,454

(Attached notes are an integral part of this statement)

IBEW LOCAL 595 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2023 to December 31, 2023		January 1, 2022 to December 31, 2022	
ADDITIONS				
INVESTMENT INCOME (LOSS)				
Interest and Dividends	$ 3,435,374		$ 5,905,648	
Net Appreciation (Depreciation) in Fair Value of Investments	48,667,637		(57,102,642)	
Less: Investment Expenses	(2,891,354)		(2,606,195)	
NET INVESTMENT INCOME (LOSS)		$ 49,211,657		$ (53,803,189)
EMPLOYER CONTRIBUTIONS		26,829,305		26,353,466
TOTAL ADDITIONS		76,040,962		(27,449,723)
DEDUCTIONS				
BENEFITS		41,189,792		39,949,251
EXPENSES				
Administration Fees	229,268		223,133	
Administration - Stockton	14,811		20,983	
Printing, Postage and Supplies	26,241		26,551	
Insurance	87,828		89,685	
PBGC Insurance	129,544		118,769	
Conferences and Meetings	5,569		3,043	
Bank Fees	-		2,195	
Miscellaneous Expenses	13,590		5,773	
Actuary Fees	104,406		109,061	
Collection Fees - Service Corporation	160,751		60,493	
Audit Fees	45,800		42,695	
Legal Fees	55,344		46,884	
TOTAL EXPENSES		873,152		749,265
TOTAL DEDUCTIONS		42,062,944		40,698,516
NET INCREASE (DECREASE) FOR THE YEAR		33,978,018		(68,148,239)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of Year		496,653,454		562,948,350
Transfer from Money Purchase Pension Plan - Note 7		-		1,853,343
End of Year		$ 530,631,472		$ 496,653,454

(Attached notes are an integral part of this statement)

IBEW LOCAL 595 PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
VESTED BENEFITS	
Participants Currently Receiving Payments	$ 380,057,785
Other Participants	175,379,323
TOTAL VESTED BENEFITS	555,437,108
NONVESTED BENEFITS	11,294,716
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 566,731,824

(Attached notes are an integral part of this statement)

IBEW LOCAL 595 PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2022 TO JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2022		$ 555,540,355
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Actuarial Experience	$ 13,585,412	
Plan Amendments	786,165	
Benefits and Expenses Paid	(40,698,516)	
Increase for Interest	37,518,408	
NET INCREASE		11,191,469
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2023		$ 566,731,824

NOTE 1 - DESCRIPTION OF THE PLAN

The IBEW Local 595 Pension Plan (the "Plan") was organized on December 8, 1965, as provided by the collective bargaining agreement between the Northern California Chapter, Alameda County Branch and Stockton Branch of the National Electrical Contractors Association and Local Union No. 595 of the International Brotherhood of Electrical Workers ("IBEW Local Union 595").

The Plan is a defined benefit multiemployer pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides a variety of pension and death benefits to participants, available to all union members employed in the jurisdiction of IBEW Local Union 595.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Employer Contributions

Employer contributions as reported are contributions made by employers on behalf of employees for hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

Employer contributions made to the Plan were allocated as non-earning contributions as follows:

January 1, 2021 to May 31,2021	11.4%
June 1, 2021 to May 31,2022	6.9%
Effective June 1, 2022	3.1%

For the years ended December 31, 2023 and 2022, $341,649 and $1,237,333, respectively, were allocated as non-earning contributions. Effective June 2023, employer contributions are no longer allocated to non-earning contributions.

D. Employer Payroll Examination Program

Employer remittance reports were accepted as submitted without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll examination program.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Plan Benefits

Benefit payments to pensioners are recognized as an expense in the month for which benefits are for.

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received its latest determination of tax-exempt status on December 26, 2012. The Plan has been amended since receiving the determination letter. The plan administrator and the plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by actuaries from Rael & Letson and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the latest valuation as of January 1, 2023 were: (a) net investment return at 7% per annum, net of all expenses, (b) mortality rates based on the RP-2014 Mortality Tables, (c) total annual amount of $860,900 payable at the beginning of the year, increasing by 3% per year in future years, (d) assumed retirement age of 55 to 65, and (e) other assumptions and methods for turnover, disability incidence, surviving spouse benefit.

As of January 1, 2023, the Plan has an unfunded accrued liability of $17,925,946.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

H. Risks and Uncertainties

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

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rates, return on investments and participant demographics, all of which are subject to change. Due to uncertainties inherent in these estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022. The money market mutual fund is valued at $1 per share based on the daily closing prices reported by the Fund. Common stock is valued at the closing price reported on the active market on which the securities are traded.

Corporate and government debt securities are recorded at fair value at the closing price reported on the active market on which the individual securities are traded. If a closing price is not noted on an active market, valuation is subject to other observable inputs such as the last bid or settlement price.

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

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Government Debt Securities	$ 6,904,205	$ 17,364,801	$ -	$ 24,269,006
Corporate Debt Securities	-	15,595,050	-	15,595,050
Common Stock	172,362,794	-	-	172,362,794
Money Market Mutual Fund	8,788,516	-	-	8,788,516
Total Assets in the Fair Value Hierarchy	$ 188,055,515	$ 32,959,851	$ -	221,015,366
Investments Measured at Net Asset Value [A]				300,789,597
				$ 521,804,963

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Government Debt Securities	$ 3,634,835	$ 11,721,763	$ -	$ 15,356,598
Corporate Debt Securities	-	12,053,662	-	12,053,662
Common Stock	155,308,329	-	-	155,308,329
Money Market Mutual Fund	3,602,598	-	-	3,602,598
Total Assets in the Fair Value Hierarchy	$ 162,545,762	$ 23,775,425	$ -	186,321,187
Investments Measured at Net Asset Value [A]				302,110,614
				$ 488,431,801

[A] In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statements of net assets available for benefits.

The following tables present the fair value, unfunded commitments, and information about redemptions for those investments where the fair value is determined by the NAV per share or its equivalent as of December 31, 2023 and 2022:

	December 31,		Unfunded	Redemption	Redemption
	2023	2022	Commitments	Frequency	Notice Period
Fort Washington High Yield LLC	$ 54,772,235	$ 38,676,597	None	Monthly	Prior Month
First Eagle Global Value Fund LP	14,954,062	25,361,659	None	Monthly	5 days
Washington Capital Joint Master Trust Real Estate Equity Fund	58,078,753	63,119,970	None	Monthly	15 days
Boyd Watterson GSA Fund LP	26,336,451	27,582,447	None	Quarterly	60 days
Corbin ERISA Opportunity Fund LP	38,068,058	48,579,052	None	Quarterly	65 days
Sierra Franklin EAFE Plus Equity Trust	29,537,731	27,116,617	None	Monthly	Daily
Victory Trivalent International Small Cap Collective Fund	12,533,566	10,779,027	None	Daily	Daily
WCM International Small Cap Growth Fund LP	12,650,464	10,201,455	None	Monthly	5 days

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2023	December 31, 2022	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Boyd Watterson State Government Fund LP	$ 24,373,468	$ 25,310,346	None	Quarterly	60 days
WaCap O Direct Lending Fund Unlevered Feeder LLC	2,482,716	-	12,600,000	Not Allowed	Not Allowed
WaCap SP Infrastructure Fund IV Feeder LLC	6,160,275	4,436,847	6,039,773	Not Allowed	Not Allowed
Hamilton Lane Secondary Feeder Fund V-A LP	19,359,009	20,946,597	12,978,505	Not Allowed	Not Allowed
Hamilton Lane Secondary Feeder Fund VI-A LP	1,482,809	-	22,500,000	Not Allowed	Not Allowed

The investment strategies for investments valued at net asset value are as follows:

Fort Washington High Yield LLC's objective is to achieve superior fixed income returns on invested funds through exposure to higher quality and less volatile yield debt securities. No leverage is employed within the portfolio, and investments in derivative securities and non-dollar securities are prohibited.

First Eagle Global Value Fund LP's objective is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) of both U.S. and non-U.S. Issuers.

Washington Capital Joint Master Trust Real Estate Equity Fund's objective is to earn investment income and/or to realize real estate price appreciation through investments in a diversified portfolio of real estate. The fund invests primarily in income-producing commercial real estate, either through direct ownership, partnership interests, or corporate shares or memberships with developers and/or other investors, or through participating equity oriented debt.

Boyd Watterson GSA Fund LP's primary objective is to generate a high, stable stream of current income while providing the preservation of capital with the opportunity for longer-term capital appreciation. The objectives are met through the purchase of real estate assets that are primarily leased to Federal Agencies.

Corbin ERISA Opportunity Fund, LP's objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations.

Sierra Franklin EAFE Plus Equity Trust seeks to achieve long-term capital appreciation through investment in equity securities of companies located outside of the U.S and will invest predominantly in equity securities of mid- and large-capitalization companies located outside of the U.S., including developing and emerging market counties.

Victory Trivalent International Small Cap Collective Fund seeks to provide high total return through capital appreciation.

WCM International Small Cap Growth Fund LP's objective is to seek long-term capital appreciation by investing at least 80% of its net assets in equity securities or depository receipts of small capitalization companies domiciled outside the United States, including in emerging and frontier market countries.

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Boyd Watterson State Government Fund LP's primary objective is to acquire, develop, own and operate a diversified portfolio of real estate investments in commercial property that is primarily leased to the state government agencies.

Hamilton Lane Secondary Feeder Fund LP's primary objective is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions.

WaCap SP Infrastructure Fund IV Feeder LLC's primary objective is to provide superior risk-adjusted returns without subjecting principal to undue risk of loss through investments in infrastructure assets and businesses, including assets and businesses which may include but are not limited to power, utilities, transportation and logistics, communications infrastructure, midstream infrastructure, water infrastructure, as well as other assets and businesses that exhibit infrastructure characteristics.

WaCap O Direct Lending Fund Unlevered Feeder's primary objective is to achieve substantial capital appreciation while minimizing the risk to principal. It aims to fulfill this objective by investing almost all of its assets in the Oaktree Direct Lending Fund Unlevered L.P. Oaktree Direct Lending Fund Unlevered L.P, managed by an external third party, focuses on acquiring and managing a diverse portfolio of lending opportunities to medium-sized companies across various industries. These opportunities include bespoke loans, private equity-related financings, and investments in publicly-traded credits.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' carry values for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

The Plan did not have any transfers into or out of Levels 1, 2 or 3 for the year ended December 31, 2023.

NOTE 4 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement or such other agreements as are approved by the Board of Trustees. Employer contributions are based on hourly contribution rates and are made on a monthly basis. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

NOTE 5 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

NOTE 5 - PLAN TERMINATION (Continued)

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the guaranty of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guaranty benefits or benefit increases in effect for fewer than 60 months before the first day of the Plan year in which a Plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

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 available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan shares common expenses with four related entities: IBEW Local 595 Money Purchase Pension Plan ("Money Purchase Pension Plan"), IBEW Local 595 Health and Welfare Trust, IBEW Local 595 Vacation Trust and Electrical Industry Service Corporation ("Service Corporation"). Each entity pays its direct costs and an allocated percentage of common expenses.

The Service Corporation serves as the custodial agent for the collection and disbursement of the regular monthly employer contributions under the collective bargaining agreement. The Service Corporation also monitors and pursues collection of delinquent contributions from employers. To maintain the operations of the Service Corporation, the Plan contributed to the Service Corporation $0.06 per reported hour, effective July 1, 2006. Effective June 1, 2014, the fee increased to $0.07 per reported hour. Effective with March 2019 work hours, there was a moratorium on shared expense charges through August 2022 work hours due to the Service Corporation being adequately funded. Bank fees owed to the Service Corporation as of December 31, 2022 was $2,195. As of December 31, 2023, there were no outstanding bank fees owed to the Service Corporation.

NOTE 7 - PENSION ENHANCEMENT OPTION

A Plan participant who is also a participant in the Money Purchase Pension Plan may make a one-time, irrevocable rollover of a lump sum from his/her account balance. Eligible participants are those who have elected to receive early or normal retirement benefits, but not participants applying for disability retirement. The amounts transferred totaled $1,853,343 for the year ended December 31, 2022. No transfers occurred during the year ended December 31, 2023.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 19, 2024, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4
E.I.N. 94-6279541; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR

MILLER KAPLAN

Independent Auditor's Report on Supplemental Schedules Required by the Department of Labor

Board of Trustees
IBEW Local 595 Pension Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP
San Francisco, California
September 19, 2024

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK	FAIR VALUE	CARRY VALUE
2,326	A.O. SMITH CORP	$ 191,755	$ 158,558
1,159	ACUITY BRANDS INC	237,398	192,413
7,295	ADIENT PLC	265,246	311,021
2,925	ADOBE INC	1,745,048	782,512
3,080	ADVANCED ENERGY INDUSTRIES	335,474	248,894
7,644	ADVANCED MICRO DEVICES INC COM	1,126,802	598,080
8,000	ADVANSIX INC	239,680	274,879
63,000	AEGON LTD AMER REG 1 CERT ADR	362,880	515,337
6,950	AIR TRANSPORT SERVICES GROUP INC	122,390	117,740
1,030	ALAMO GROUP INC	216,496	102,306
1,174	ALARM.COM HOLDINGS INC	75,864	64,977
722	ALLEGIANT TRAVEL CO	59,644	72,885
753	ALLEGION PLC	95,398	102,915
1,400	ALNYLAM PHARMACEUTICALS INC	267,974	146,139
902	ALPHA METALLURGICAL RESOUR INC COM	305,706	127,793
38,547	ALPHABET INC CAP STK CL C	5,432,429	2,085,056
9,000	ALPHABET INC CLASS A	1,257,210	995,305
31,650	AMAZON. COM INC	4,808,901	3,723,043
1,550	AMDOCS LIMITED	136,230	118,554
2,588	AMEDISYS INC	246,015	238,802
4,315	AMERISAFE INC	201,856	256,275
17,495	AMPHENOL CORPORATION CLASS A	1,734,279	933,518
14,800	ANHEUSER-BUSCH INBEV SPN ADR	956,376	853,323
5,525	APA CORPORATION COM	198,237	242,590
4,072	APELLIS PHARMACEUTICALS INC	243,750	265,099
3,908	API GROUP CORP	135,217	100,001
3,585	APOGEE ENTERPRISES INC	191,475	175,245
21,572	APPLE HOSPITALITY REIT INC	358,311	333,464
12,310	APPLE INC	2,370,044	479,776
605	APPLIED INDUSTRIAL TECHNOLOGIES INC	104,477	36,189
7,797	ARCHROCK INC	120,074	80,201
3,937	ARCTURUS THERAPEUTICS HLDGS	124,134	125,284
7,100	ARDMORE SHIPPING CORP	100,039	133,053
2,765	ASGN INCORPORATED	265,910	212,618
5,940	ASTEC INDUSTRIES INC	220,968	266,840
24,700	AVANTOR INC	563,901	489,356
1,172	BADGER METER INC	180,922	143,050
19,300	BAKER HUGHES COMPANY CL A	659,674	569,257
570	BALCHEM CORP	84,788	85,366
30,500	BANK OF AMERICA CORP	1,026,935	736,241
3,080	BANK OF HAWAII CORP	223,177	253,903
23,900	BANK OF NEW YORK MELLON CORP	1,243,995	841,601
8,764	BANK OZK	436,710	358,658
10,200	BAXTER INTL INC COM	394,332	373,975
3,270	BEACON ROOFING SUPPLY INC COM	284,555	178,098
1,111	BELDEN INC COM	85,825	76,541
	Forward	$ 30,038,501	$ 19,576,731

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 30,038,501	$ 19,576,731
5,700	BIOMARIN PHARMACEUTICALS INC	549,594	451,024
2,434	BLACKLINE INC	151,979	137,951
6,710	BLOOMIN BRANDS INC	188,887	129,301
542	BOOKING HOLDINGS INC	1,922,593	1,046,597
1,585	BOOZ ALLEN HAMILTON HOLDING	202,737	139,275
3,940	BORGWARNER INC COM	141,249	125,649
3,845	BRIGHTHOUSE FINANCIAL INC	203,477	172,192
2,270	BRINKS CO	199,647	140,073
7,600	BRISTOL MYERS SQUIBB CO	389,956	416,546
2,520	BRUNSWICK CORPORATION	243,810	197,124
4,809	CACTUS INC	218,329	190,286
10,700	CAPITAL ONE FINANCIAL CORP	1,402,984	731,049
6,800	CARRIER GLOBAL CORP	390,660	176,134
4,899	CARS.COM INC	92,934	91,835
1,655	CBIZ INC	103,586	64,151
5,917	CDW CORPORATION	1,345,052	526,047
2,800	CELANESE CORPORATION	435,036	215,223
1,518	CELSIUS HOLDINGS INC	82,761	80,108
8,500	CENTRAL GARDEN AND PET CO-A	374,340	335,145
1,620	CENTURY COMMUNITIES INC	147,647	99,818
4,457	CERIDIAN HCM HOLDING INC	299,154	294,088
1,395	CHARLES RIVER LABORATORIES	329,778	289,000
2,038	CHART INDUSTRIES INC	277,841	355,578
3,400	CHARTER COMMUNICATIONS INC CL	1,321,512	1,208,917
500	CHEMED CORPORATION	292,375	252,378
6,560	CIENA CORPORATION	295,266	282,731
1,025	CIRRUS LOGIC	85,270	103,066
11,500	CISCO SYSTEMS INC	580,980	455,434
8,458	CIVITAS RESOURCES INC COM	578,358	615,439
7,246	CNX RESOURCES CORP	144,920	105,250
9,200	COGNIZANT TECHNOLOGY SOLUTIONS	694,876	587,636
5,200	COHEN & STEERS INC	393,796	384,984
6,700	COHERENT CORP COM	291,651	368,113
9,200	COHU INC	325,588	306,078
10,142	COLGATE PALMOLIVE CO.	808,419	785,255
2,225	COLLIERS INTL GROUP INC	281,507	279,788
4,470	COLUMBIA SPORTSWEAR CO	355,544	369,033
29,700	COMCAST CORPORATION CLASS A	1,302,345	770,857
2,335	COMMERCIAL METALS CO	116,843	105,591
1,150	COMMVAULT SYSTEMS INC	91,828	76,163
3,352	COMPASS DIVERSIFIED HOLDINGS COM	75,252	78,854
2,314	CONMED CORPORATION	253,406	221,673
5,350	CONOCOPHILLIPS	620,975	298,133
3,628	CONSOL ENERGY INC	364,723	217,270
	Forward	$ 49,007,966	$ 33,853,568

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 49,007,966	$ 33,853,568
11,895	COPART INC	582,855	333,481
11,845	COPT DEFENSE PROPERTIES SHS BEN INT	303,587	308,691
6,688	CORCEPT THERAPEUTICS INC.	217,226	160,139
7,830	CORE & MAIN INC CL A COM	316,410	169,441
6,183	COTY INC. CLASS A	76,793	77,039
1,935	CRANE COMPANY COMMON STOCK	228,601	75,480
3,455	CRANE NXT CO COM	196,486	177,693
533	CSW INDUSTRIALS INC	110,550	100,509
12,850	CUSHMAN & WAKEFIELD PLC	138,780	234,091
5,002	CUSTOMERS BANCORP INC	288,215	152,798
13,300	CVS HEALTH CORP COM	1,050,168	972,845
4,976	DANAHER CORPORATION COM	1,151,148	1,066,609
7,800	DELEK US HOLDINGS INC	201,240	200,121
1,454	DIODES INC	117,076	158,364
16,900	DISH NETWORK CORP CL A	97,513	437,748
10,800	DOMINION ENERGY INC	507,600	560,710
3,764	DREAM FINDERS HOMES INC COM CL A	133,735	135,643
1,152	DUOLINGO INC CL A COM	261,331	185,295
9,140	DYNAVAX TECHNOLOGIES CORP.	127,777	128,120
2,698	EAGLE MATERIALS INC	547,263	323,552
2,017	EAST WEST BANCORP INC	145,123	106,022
688	EASTGROUP PROPERTIES	126,276	117,577
3,191	EATON CORP PLC	768,457	540,277
9,233	EDWARDS LIFESCIENCES CORP	704,016	515,215
29,800	ELANCO ANIMAL HEALTH INC	444,020	647,720
4,730	ELECTRONIC ARTS INC	647,111	577,096
3,567	ELI LILLY & CO COM	2,079,276	532,624
4,140	ENCOMPASS HEALTH CORP	276,221	256,711
1,331	ENCORE WIRE CORP	284,302	227,094
2,259	ENERGIZER HLDGS INC NEW COM	71,565	76,650
2,574	ENOVIS CORP COM	144,195	151,095
728	ENTEGRIS INC	87,229	76,474
4,064	EQT CORPORATION	157,114	162,411
2,302	EVERCORE INC CLASS A	393,757	317,128
6,682	EVERTEC INC	273,561	240,419
17,800	EW SCRIPPS CO/THE-A	142,222	281,735
3,955	EXACT SCIENCES CORP	292,591	350,356
1,556	EXPONENT INC	136,990	145,803
540	FABRINET	102,778	42,234
1,609	FACTSET RESEARCH SYSTEMS INC.	767,573	693,558
5,350	FEDEX CORPORATION	1,353,390	821,108
15,800	FIDELITY NATIONAL INFORMATION	949,106	1,107,479
6,150	FIRST AMERICAN FINANCIAL	396,306	334,685
2,699	FIRST FINL BANKSHARES INC	81,780	87,804
	Forward	$ 66,487,279	$ 48,221,212

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 66,487,279	$ 48,221,212
13,588	FIRST HORIZON CORPORATION COM	192,406	188,502
4,090	FIRST INDUSTRIAL REALTY TR	215,420	168,065
14,900	FISERV INC	1,979,316	1,630,618
13,100	FOUR CORNERS PROPERTY TRUST	331,430	359,536
12,500	FOX CORP CL-A	370,875	312,970
6,000	FOX CORP CLASS -B	165,900	160,710
7,263	FRANKLIN BSP REALTY TRUST INC COMMON	98,123	108,042
3,100	FRONTDOOR INC	109,182	105,746
4,800	FULLER H B CO	390,768	342,066
17,100	GAP INC	357,561	353,445
7,000	GE HEALTHCARE TECHNOLOGIES INC	541,240	444,054
7,500	GENERAL ELECTRIC CO COM	957,225	527,734
19,770	GENWORTH FINANCIAL INC-CL A	132,064	72,734
3,170	GIBRALTAR INDUSTRIES INC	250,367	195,830
4,313	G-III APPAREL LTD	146,556	85,573
15,300	GILEAD SCIENCES INC	1,239,453	1,082,097
2,500	GOLDMAN SACHS GROUP INC COM	964,425	463,731
32,300	GSK PLC SPONSORED ADR	1,197,038	1,224,226
2,717	HAEMONETICS CORP MASS	232,331	235,873
50,900	HALEON PLC SPON ADS	418,907	325,822
4,240	HANCOCK WHITNEY CORP	206,022	162,255
3,165	HANOVER INSURANCE GROUP INC	384,294	426,152
2,744	HARMONY BIOSCIENCES HLDGS INC COM	88,631	140,076
12,100	HAYWARD HLDGS INC COM	164,560	115,847
3,554	HEALTHEQUITY INC	235,630	262,582
16,397	HELMERICH & PAYNE	593,900	671,517
4,473	HENRY SCHEIN INC.	338,651	357,192
26,600	HEWLETT PACKARD ENTERPRISE	451,668	283,599
2,925	'HEXCEL CORP	215,719	153,655
8,900	HILLENBRAND INC	425,865	350,316
1,738	HILTON GRAND VACATIONS INC	69,833	71,838
1,820	HILTON WORLDWIDE HOLDINGS INC	331,404	242,978
13,500	HONDA MTR LTD ADR	417,285	402,204
2,247	HOULIHAN LOKEY INC.	269,438	216,006
16,900	HP INC	508,521	323,427
4,795	HUB GROUP INC. CLASS A	440,852	340,105
1,530	ICF INTERNATIONAL INC	205,158	113,279
3,730	IDACORP INC	366,734	380,752
2,445	ILLINOIS TOOL WORKS	640,443	401,478
5,700	INCYTE CORPORATION	357,903	430,421
4,940	INDEPENDENT BK CORP MASS COM	325,101	362,146
3,370	INGEVITY CORPORATION	159,131	251,031
2,430	INGREDION INC	263,728	207,365
3,185	INNOSPEC INC	392,519	296,255
	Forward	$ 84,630,856	$ 63,571,062

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 84,630,856	$ 63,571,062
1,514	INSPERITY INC	177,471	188,564
1,861	INSTALLED BUILDING PRODUCTS	340,228	204,019
4,310	INTEGER HOLDINGS CORP	427,035	329,182
10,720	INTERCONTINENTAL EXCHANGE, INC	1,376,770	757,274
4,500	INTL FLAVORS & FRAGRANCES	364,365	322,639
2,874	INTRA CELLULAR THERAPIES	205,836	166,409
2,447	INTUIT INC	1,529,448	1,193,185
3,481	INTUITIVE SURGICAL INC	1,174,350	855,307
1,789	IPG PHOTONICS CORP	194,178	207,024
3,074	JABIL INC	391,628	167,800
4,616	JANUS HENDERSON GROUP PLC	139,172	139,873
2,815	JOHN BEAN TECHNOLOGIES	279,952	312,523
20,600	JOHNSON CONTROLS INTERNATIONAL	1,187,384	836,886
1,830	JONES LANG LASALLE INC	345,632	317,869
17,000	JUNIPER NETWORKS INC	501,160	436,476
3,900	KAISER ALUMINUM CORP	277,641	339,019
9,055	KENNEMETAL INC	233,528	248,312
2,300	KONTOOR BRANDS INC	143,566	126,106
6,565	KULICKE & SOFFA INDS INC	359,237	353,841
4,970	LAKELAND FINANCIAL CORP	323,845	252,103
1,200	LANCASTER COLONY CORP	199,668	203,844
1,924	LANDSTAR SYSTEM INC.	372,583	260,718
1,555	LCI INDUSTRIES	195,479	202,015
2,600	LEAR CORPORATION	367,146	346,990
6,822	LINCOLN NATIONAL CORP.	183,989	188,409
1,240	LITTELFUSE INC	331,774	270,086
1,465	LIVANOVA PLC	75,799	76,472
6,700	LYONDELLBASELL INDU-CL A	637,036	536,654
18,900	MAGNOLIA OIL & GAS CORP	402,381	430,298
13,015	MARTEN TRANSPORT	273,055	193,727
6,233	MASTERCARD INC-CLASS A	2,658,437	1,172,561
7,025	MATADOR RESOURCES CO	399,442	358,740
19,200	MATTEL INC	362,496	352,726
4,405	MAXIMUS INC	369,403	302,910
2,625	MCGRATH RENTCORP	314,003	218,344
3,300	MEDTRONIC PLC	271,854	284,473
5,670	MERCURY SYSTEMS, INC.	207,352	301,590
1,800	META PLATFORMS INC CL A	637,128	460,001
24,400	METLIFE INC.	1,613,572	994,875
2,585	MGE ENERGY INC	186,921	180,056
15,227	MICROCHIP TECH INC	1,373,171	1,067,878
15,945	MICROSOFT CORP COM	5,995,958	2,080,274
1,381	MIDDLEBY CORP	203,242	202,776
4,755	MINERALS TECHNOLOGIES INC	339,079	308,695
	Forward	$ 112,574,250	$ 82,320,585

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 112,574,250	$ 82,320,585
853	MKS INSTRUMENTS INC	87,748	82,439
7,000	MOLSON COORS BEVERAGE CO CL B	428,470	382,563
4,522	MOTOROLA SOLUTIONS INC	1,415,793	922,092
4,950	MUELLER INDS INC	233,393	96,414
505	MURPHY USA INC COM	180,063	105,398
790	MYR GROUP INC	114,258	51,887
4,689	NAVIENT CORPORATION	87,309	82,289
7,945	NCR ATLEOS CORPORATION COM SHS	192,984	175,977
10,660	NCR VOYIX CORPORATION COM	180,261	175,673
3,415	NEUROCRINE BIOSCIENCES INC	449,960	362,851
4,900	NEWS CORPORATION CLASS A	120,295	48,992
4,945	NEXTRACKER INC CLASS A COM	231,673	161,679
3,400	NORFOLK SOUTHERN CORP.	803,692	718,095
4,830	NORTHWESTERN ENERGY GROUP INC COM	245,799	283,981
5,900	NOVARTIS AG ADR	595,723	392,699
1,265	NVIDIA CORPORATION	626,453	266,413
36,100	OCCIDENTAL PETROLEUM CORP	2,155,531	1,849,948
3,225	OCCIDENTAL PETROLEUM CORP 8/3/2027	125,549	18,221
3,982	O-I GLASS INC	65,225	66,405
5,200	OLD NATL BANCORP IND COM	87,828	78,682
2,750	ONE GAS INC	175,230	203,736
1,926	ONTO INNOVATION INC	294,485	161,722
1,297	O'REILLY AUTOMOTIVE INC	1,232,254	442,274
2,400	OTIS WORLDWIDE CORP	214,728	155,226
923	OXFORD INDS INC.	92,300	75,170
13,722	PATTERSON-UTI ENERGY INC	148,198	205,215
9,161	PEPSICO INC.	1,555,904	1,335,770
5,194	PERFICIENT INC	341,869	349,600
4,845	PERFORMANCE FOOD GROUP CO COM	335,032	231,743
808	PIPER SANDLER COMPANIES	141,295	110,279
2,512	POWER INTEGRATIONS INC	206,260	205,785
2,960	PRIVIA HEALTH GROUP INC COM	68,169	78,161
10,221	PROGRESSIVE CORP	1,628,001	975,122
4,937	PULTEGROUP INC.	509,597	197,620
7,735	QUALCOMM INC	1,118,713	856,267
4,865	RANGE RES CORP	148,091	152,403
11,395	RAYONIER INC	380,707	359,927
1,830	RED ROCK RESORTS INC	97,594	82,953
1,846	REGENCY CTRS CORP	123,682	118,002
1,000	REGENERON PHARMACEUTICALS	878,290	647,554
435	RENAISSANCE RE HLDGS LTD	85,260	63,508
10,100	RENASANT CORPORATION	340,168	281,611
2,220	REPLIGEN CORPORATION	399,156	374,999
14,700	ROCHE HLDG LTD ADR	533,801	541,878
	Forward	$ 132,051,041	$ 96,849,808

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 132,051,041	$ 96,849,808
1,269	ROCKWELL AUTOMATION INC	393,999	211,949
2,355	ROGERS CORPORATION	311,025	337,436
9,517	ROSS STORES INC	1,317,058	762,202
18,800	RTX CORPORATION COM	1,581,832	1,335,593
3,895	RXSIGHT INC COM	157,046	127,636
5,900	RYAN SPECIALTY HOLDINGS INC CL A	253,818	186,769
3,565	SAFETY INSURANCE GROUP INC	270,904	297,839
5,745	SALESFORCE INC COM	1,511,739	1,086,816
37,300	SANOFI SPONSORED ADR	1,854,929	1,704,986
5,450	SCANSOURCE INC	215,875	163,756
24,436	SCHLUMBERGER LTD COM STK	1,271,649	781,072
3,801	SCOTTS MIRACLE-GRO CO-CL A	242,314	227,125
3,180	SELECTIVE INSURANCE GROUP INC	316,346	197,437
1,142	SHIFT4 PMTS INC CL A	84,896	76,532
2,930	SIGNET JEWELERS LTD	314,272	206,492
6,700	SILGAN HOLDINGS INC	303,175	255,934
5,292	SITIO ROYALTIES CORP CLASS A COM	124,415	137,106
2,904	SKECHERS U.S.A. INC. CLASS A	181,035	141,747
2,713	SKYLINE CORP	201,467	188,257
6,575	SONOCO PRODUCTS	367,345	370,110
5,955	SOUTHSTATE CORPORATION COM	502,900	453,542
4,637	SPECTRUM BRANDS HOLDINGS INC	369,893	368,079
8,132	SPROUTS FARMERS MARKETS INC	391,231	217,356
9,600	STATE STREET CORP	743,616	608,749
1,615	STEPAN COMPANY	152,698	138,940
2,315	STEWART INFORMATION SVCS CORP COM	136,006	89,923
6,735	SUMMIT MATERIALS INC	259,028	175,102
5,200	TE CONNECTIVITY LTD	730,600	371,909
2,425	TEREX CORP	139,341	68,264
3,005	TEXAS ROADHOUSE INC	367,301	311,093
5,300	TEXTRON INC.	426,226	213,721
37,100	THE CHARLES SCHWAB CORPORATION	2,552,480	1,349,266
5,900	THE CIGNA GROUP COM	1,766,755	1,160,787
2,949	THERMO FISHER SCIENTIFIC INC COM	1,565,300	616,547
14,445	TJX COMPANIES INC	1,355,085	950,038
4,700	T-MOBILE US INC	753,551	576,005
10,000	TOWER SEMICONDUCTOR LT	305,200	281,748
21,900	TRUIST FINANCIAL CORP	808,548	702,655
13,034	TWO HBRS INVT CORP COM	181,564	185,286
718	U.S. PHYSICAL THERAPY INC	66,875	42,914
13,027	UBER TECHNOLOGIES INC	802,072	556,769
12,700	UBS GROUP AG	392,430	223,519
2,570	UFP INDUSTRIES INC	322,664	142,814
6,966	UMB FINANCIAL CORP	582,009	460,090
	Forward	$ 158,999,553	$ 115,911,718

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FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 158,999,553	$ 115,911,718
1,390	UNIFIRST CORPORATION	254,245	229,840
8,560	UNITED BANKSHARES INC WEST VA COM	321,428	291,147
1,450	UNITEDHEALTH GROUP INC	763,382	331,980
2,210	UNIVERSAL DISPLAY CORP	422,685	347,165
4,521	URBAN OUTFITTERS INC	161,354	145,773
10,192	US SILICA HOLDINGS INC	115,272	150,419
13,200	V.F. CORPORATION	248,160	242,290
2,584	VERALTO CORP COM SHS	212,560	212,493
9,465	VERINT SYSTEMS INC.	255,839	354,310
3,982	VERISK ANALYTICS INC-CLASS A	951,141	774,820
1,140	VERTEX PHARMACEUTICALS INC	463,855	463,398
5,415	VIAD CORP	196,023	223,127
6,416	VISA INC. CLASS A	1,670,406	1,358,500
8,057	VISHAY INTERTECHNOLOGY INC	193,126	192,686
2,600	VISTEON CORPORATION	324,740	254,747
2,578	WALKER & DUNLOP INC	286,184	219,505
6,398	WALT DISNEY CO/THE	577,675	612,541
1,480	WATTS WATER TECHNOLOGIES-A	308,343	179,725
52,100	WELLS FARGO & CO	2,564,362	1,934,435
10,200	WERNER ENTERPRISES INC	432,174	391,053
17,100	WILLIAMS COS	595,593	375,213
4,795	WINTRUST FINANCIAL CORP	444,736	423,076
3,211	WYNDHAM HOTELS & RESORTS INC	258,197	258,034
2,566	WYNN RESORTS LTD	233,788	255,583
14,557	XEROX HOLDINGS CORP COM	266,830	314,830
3,886	YELP INC	183,963	133,597
5,400	ZIMMER BIOMET HOLDINGS	657,180	631,379
	TOTAL - COMMON STOCK	$ 172,362,794	$ 127,213,384

FACE VALUE	CORPORATE DEBT SECURITIES		
$ 45,000	ABBVIE INC SR GLBL NT 3.2% 11/21/2029	$ 42,066	$ 45,160
40,000	AMERICAN ELEC PWR 5.699% 8/15/2025	40,263	39,821
20,000	ANHEUSER-BUSCH INBEV 5.55% 1/23/2049	21,492	26,014
25,000	ANHEUSER-BUSCH INBEV WLDW 4.35% 06/01/40	23,364	24,984
175,000	ANTHEM INC 3.65% 12/01/2027	169,747	177,433
25,000	AT&T INC 2.75% 06/01/31	21,917	24,960
100,000	AT&T INC GLBL NT 2.55% 12/1/2033	81,502	76,327
186,000	AT&T INC SR 3.5% 09/15/2053	134,982	156,408
74,000	AT&T INC SR 3.65% 09/15/2059	53,035	66,890
50,000	BANK NEW YORK MELLON CORP 10/25/2033	53,008	50,000
	Forward	$ 641,376	$ 687,997

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 641,376	$ 687,997
$ 125,000	BANK OF AMERICA CORP 4.25% 10/22/2026	122,728	129,087
75,000	BANK OF AMERICA CORP FLTG 12/20/2028	70,645	65,614
100,000	BANK OF AMERICA CORP FLTG 2/13/2031	85,872	76,988
225,000	BARCLAYS PLC 4.836% 05/09/2028	219,699	233,344
200,000	BARCLAYS PLC NT 7.119% 6/27/2034	213,146	197,116
100,000	BAT CAPITAL CORP 2.726% 3/25/2031	83,862	90,456
75,000	BAT CAPITAL CORP 4.39% 8/15/2037	62,800	55,925
160,000	BAT CAPITAL CORP GLBL 4.742% 3/16/2032	153,490	155,973
25,000	BAT CAPITAL CORP SR 5.65% 3/16/2052	22,566	24,126
150,000	BAT CAPITAL CORP SR 6.421% 8/2/2033	156,944	152,921
200,000	BAYER US FINANCE II LLC 4.375% 12/15/2028	190,048	199,448
200,000	BERKSHIRE HATHAWAY ENERG 3.25% 4/15/2028	189,944	199,556
285,000	BK OF AMERICA COR VAR 3/8/2037	250,233	251,411
200,000	BNP PARIBAS 4.25% 10/15/2024	197,698	200,142
200,000	BNP PARIBAS 4.375% 05/12/2026	194,774	204,094
51,022	BNSF RAILWAY CO 3.442% 6/16/2028	48,773	51,022
125,000	BURLINGTON NORTH SANTE FE 3.75% 04/01/24	124,393	133,160
50,000	CAPITAL ONE FINANCIAL CO 3.75% 7/28/2026	47,883	51,984
25,000	CAPITAL ONE FINL CORP VAR 5/10/2028	24,570	25,000
85,000	CAPITAL ONE FINL CORP VAR 5/10/2033	83,405	83,353
25,000	CAPITAL ONE FINL CORP VAR 6/8/2029	25,648	25,000
200,000	CAPITAL ONE FINL CORP VAR 6/8/2034	205,840	201,483
175,000	CHARTER COMM OPT LLC -CAP 5.75% 04/01/48	155,309	172,522
350,000	CHARTER COMM OPT LLC CAP 6.484% 10/23/45	343,914	390,312
190,000	CHARTER COMMUNICATIONS 4.4% 4/1/2033	175,347	170,422
75,000	CHARTER COMMUNICATIONS 5.25% 4/1/2053	62,816	74,475
100,000	CIGNA CORP 4.375% 10/15/2028	99,194	111,418
275,000	CITIGROUP INC 4% 08/05/2024	271,970	284,903
25,000	CITIGROUP INC 6.625% 6/15/32	27,207	31,437
130,000	CITIGROUP INC SR VAR 3/17/2033	116,916	122,475
125,000	CITIGROUP INC SUB VAR 5/25/2034	129,348	125,569
35,000	COCA-COLA CO 3.45% 3/25/2030	33,610	34,883
50,000	COX COMMUNICATIONS 5.7% 6/15/2033	52,011	49,814
225,000	COX COMMUNICATIONS INC 3.85% 2/1/2025	221,189	227,230
75,000	CVS HEALTH CORP 4.125% 4/1/2040	64,401	73,736
40,000	CVS HEALTH CORP 4.3% 3/25/2028	39,322	43,134
50,000	DELL INTL LLC/EMC CORP CR VAR 7/15/2027	51,970	49,951
100,000	DOMINION ENERGY INC 3.375% 4/1/2030	92,062	98,995
50,000	DOMINION ENERGY INC SR 1.45% 4/15/2026	46,346	49,978
102,000	DOW CHEMICAL CO 9.4% 5/15/39	141,861	150,655
125,000	ENEL FINANCE INTL NV 6% 10/7/2039	127,028	125,985
25,000	EXXON MOBIL CORPORATION 2.61% 10/15/2030	22,357	25,000
35,000	EXXON MOBIL CORPORATION 3.452% 4/15/1951	27,456	35,000
50,000	EXXON MOBIL CORPORATION 4.227% 3/19/2040	46,401	51,863
	Forward	$ 5,764,372	$ 5,994,957

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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 5,764,372	$ 5,994,957
$ 50,000	FEDEX CORP 4.25% 5/15/2030	48,858	49,879
50,000	FEDEX CORP 5.25% 5/15/2050	49,765	58,323
250,000	FORD MOTOR CREDIT 6.798% 11/7/2028	261,593	250,000
125,000	GE HEALTHCARE HLDG 5.905% 11/22/2032	133,335	125,000
225,000	GOLDMAN SACHS GROUP INC VAR 3/15/2028	215,807	225,000
50,000	HCA INC 4.125% 06/15/2029	47,806	49,749
50,000	HCA INC 5.25% 06/15/2049	46,479	51,099
250,000	HSBC HLDGS PLC SUB VAR 3/29/2033	232,860	242,332
325,000	HSBC HOLDINGS PLC 2.848% 6/4/2031	279,461	307,936
175,000	HSBC HOLDINGS PLC 6.5% 5/2/2036	185,694	198,686
200,000	IMPERIAL TOB FIN PLC VAR 7/26/2029	186,588	177,110
325,000	IMPERIAL TOBACCO FINANCE 4.25% 7/21/2025	319,179	334,864
100,000	JPMORGAN CHASE & CO 4.25% 10/1/2027	98,909	105,914
150,000	JPMORGAN CHASE & CO FT RT 4/22/2031	129,711	130,859
75,000	JPMORGAN CHASE & CO SR VAR 4/26/2028	73,886	75,227
275,000	JPMORGAN CHASE & CO SUB VAR 9/14/2033	284,543	271,785
75,000	JPMORGAN CHASE & CO VAR 4/26/2033	72,461	72,257
50,000	JPMORGAN CHASE &CO 2.956% 5/13/2031	43,939	41,736
35,000	KINDER MORGAN INC DEL 5.45% 8/1/2052	33,475	31,995
300,000	KINDER MORGAN INC/DELAWA 5.55% 6/1/2045	288,558	323,550
200,000	LLOYDS BANKING GROUP PLC 4.5% 11/4/2024	197,592	203,167
200,000	LLOYDS BANKING GROUP VAR 11/15/2033	228,620	215,854
75,000	MICROCHIP TECHNOLOGY 0.983% 9/1/2024	72,668	75,000
200,000	NATWEST GROUP PLC SR VAR 9/13/2029	205,038	200,000
3,252	NAVIENT PRIV ED LN TR 2.88% 12/16/2058	3,246	3,252
572,411	NAVIENT STUDENT LN TR VAR3/25/2067	562,477	572,411
169,500	NAVIENT STUDENT LN TR VAR 6/25/2065	171,139	173,950
352,565	NAVIENT STUDENT LN VAR 6/27/2067	342,082	342,209
50,000	NEXTERA ENERGY CAP 4.255% 9/1/2024	49,525	50,127
70,000	NEXTERA ENERGY CAP 4.625% 7/15/2027	69,873	69,973
35,000	NEXTERA ENERGY CAP 5.749% 9/1/2025	35,331	34,993
50,000	OCCIDENTAL PETROLEUM COR 2.9% 8/15/2024	49,153	49,935
50,000	ORACLE CORP 3.6% 4/1/2040	39,870	49,866
150,000	ORACLE CORP SR NT 3.95% 3/25/2051	117,461	108,102
50,000	PEMEX PROJ FDG MASTER TR 6.625% 6/15/35	38,348	58,500
225,000	PETEROLEOS MEXICANOS 6.375% 1/23/2045	146,606	232,610
175,000	PETROLEOS MEXICANOS 6.875% 8/4/2026	169,929	191,875
100,000	PETROLEOS MEXICANOS 7.69% 1/23/1950	71,116	68,530
50,000	PHILIP MORRIS INTL INC 5.375% 2/15/2033	51,286	49,897
15,000	PHILIP MORRIS INTL INC 5.625% 11/17/2029	15,729	14,987
15,000	PHILIP MORRIS INTL INC 5.75% 11/17/2032	15,742	14,987
475,000	PROSUS N V FR 3.061% 7/13/2031	383,672	448,563
400,000	PROSUS N V SR NT 4.987% 1/19/2052	300,648	338,000
25,000	RELX CAPITAL INC SR 4.75% 5/20/2032	25,197	24,780
	Forward	$ 12,159,627	$ 12,709,826

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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 12,159,627	$ 12,709,826
$ 130,000	ROYAL BK SCOTLAND 5.125% 5/28/24	129,355	139,125
35,000	RTX CORPORATION SR 6.00% 3/15/2031	37,285	34,977
30,000	RTX CORPORATION SR 6.1% 3/15/2034	32,558	29,944
50,000	SCHWAB CHARLES CORP SR VAR 11/17/2029	52,433	50,000
30,000	SCHWAB CHARLES CORP SR VAR 5/19/2029	30,774	30,000
75,000	SCHWAB CHARLES CORP SR VAR 8/24/2034	79,056	76,206
15,000	SCHWAB CHARLES CORP VAR 5/19/2034	15,484	15,000
923,063	SLM STUDENT LOAN TR VAR 10/25/2064	892,397	912,980
1,046	SMALL BUSINESS ADMIN 4.72% 2/1/2024	1,044	1,046
2,841	SMALL BUSINESS ADMIN 5.87% 5/1/2026	2,820	2,956
7,877	SMALL BUSINESS ADMIN ABS 5.82% 6/1/2026	7,748	8,177
151,585	SMB PRIV EDU LN TR 5.67% 11/15/2052	152,311	151,546
79,110	SMB PVT ED LN TR 2022-D 5.37% 10/15/2058	78,704	79,098
200,000	SOUTHERN CO 3.7% 4/30/2030	188,422	194,957
50,000	SOUTHERN CO JR SB GLBL 4.475% 8/1/2024	49,586	50,227
75,000	SOUTHERN CO JR SB GLBL 5.113% 8/1/2027	76,011	75,340
75,000	SOUTHERN CO SR NT 4.85% 6/15/2028	75,552	74,886
40,000	T MOBILE USA INC SR 2.55% 2/15/2031	34,452	33,995
200,000	T MOBILE USA INC SR 3.875% 4/15/2030	189,660	207,490
100,000	T MOBILE USA INC SR 4.375% 4/15/2040	90,228	98,025
125,000	TIME WARNER CABLE INC 6.75% 6/15/2039	123,979	135,126
335,000	TRANS-CANADA PIPELINES 4.1% 4/15/2030	318,655	335,792
200,000	UBS GROUP AG VAR 01/12/2034	206,810	204,395
35,000	UNITED PARCEL SERVICE 5.2% 4/1/2040	36,364	34,832
50,000	UNITEDHEALTH GROUP INC 4.2% 5/15/2032	48,927	50,215
20,000	UNITEDHEALTH GROUP INC 4.75% 5/15/2052	19,227	19,820
25,000	VERIZON COMMUNICATIONS INC 2.55% 3/21/31	21,556	19,619
35,000	VMWARE INC SR 1.40% 08/15/2026	32,014	34,941
55,000	WALT DISNEY COMPANY 6.65% 11/15/2037	64,599	75,579
150,000	WELLS FARGO & CO 3/2/2033	131,013	127,975
45,000	WELLS FARGO & CO SR NT VAR 7/25/2033	43,838	45,000
50,000	WELLS FARGO & CO SR VAR 4/24/2034	50,217	50,712
125,000	WELLS FARGO & COMPANY 4.3% 7/22/2027	122,344	129,892
	TOTAL - CORPORATE DEBT SECURITIES	$ 15,595,050	$ 16,239,699
	GOVERNMENT DEBT SECURITIES		
$ 75,000	CALIFORNIA ST 7.3% 10/01/2039	$ 90,674	$ 95,666
85,000	CALIFORNIA ST 7.5% 04/01/34	103,148	96,507
17,832	FHLMC GLD REMIC 6.82% 12/15/2043	17,625	20,067
48,080	FHLMC GLD PL #G01767 6.500% 12/1/2032	50,250	49,750
4,031	FHLMC GLD PL #H09070 6.5% 9/1/2037	4,087	4,087
	Forward	$ 265,784	$ 266,077

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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 265,784	$ 266,077
$ 23,953	FHLMC GLD PL #Q03086 4.5% 9/1/2041	23,931	25,474
24,200	FHLMC GOLD POOL #C9-1925 3.5% 4/1/2037	23,103	25,293
29,594	FHLMC GOLD POOL #G0-7074 5.5% 1/1/2040	30,376	33,506
44,220	FHLMC GOLD POOL #G0-7628 4.5% 2/1/2044	43,950	47,859
229,054	FHLMC GOLD POOL #G6-0764 4.5% 10/1/2042	229,090	249,589
8,014	FHLMC GOLD POOL #H0-9098 6.5% 10/1/2037	8,127	12,360
22,631	FHLMC GOLD POOL #V8-3115 4.5% 3/1/2047	22,426	24,642
132,927	FHLMC GOLD POOL #V8-3204 4.5% 5/1/2047	130,933	145,219
8,294	FHLMC PL #849096 10/1/2041	8,456	8,636
4,455	FHLMC PL #849256 FLTG 7/1/2043	4,481	4,710
18,223	FHLMC PL #849505 FLTG 10/1/2044	18,536	19,995
773,312	FHLMC POLL #SD-1000 3.00% 4/1/2052	689,577	733,010
9,704	FHLMC POOL #2B-1332 VAR 4/1/2043	9,648	10,011
24,926	FHLMC POOL #2B-5468 VAR 7/1/2046	25,444	25,870
268,304	FHLMC POOL #84-1463 VAR 7/1/2052	232,292	250,911
655,192	FHLMC POOL #84-1477 4.226% 9/1/2052	633,796	634,308
123,518	FHLMC POOL #84-9631 VAR 2/1/2045	122,360	126,264
3,703	FHLMC POOL #84-9849 VAR 10/1/2045	3,776	3,940
1,264,063	FHLMC POOL #SC-0368 2.5% 9/1/2042	1,123,831	1,127,386
148,099	FHLMC POOL #SD-1546 3.5% 8/1/2052	136,552	131,258
728,980	FHLMC POOL #SD-1581 2.5% 9/1/2052	620,430	624,129
300,573	FHLMC POOL #SD-2253 3.5% 12/1/2052	275,634	257,788
194,367	FHLMC POOL #SD-4139 3.5% 3/1/2053	178,271	172,934
424,000	FHLMC POOL #SD-4518 3.5% 8/1/2053	388,888	386,171
696,986	FHLMC POOL #SD-7526 2.5% 10/1/2050	603,219	727,907
446,498	FHLMC POOL #SD-8207 3.5% 4/1/2052	409,313	388,540
264,735	FHLMC REMIC SERIES 3.00% 7/25/2041	237,685	232,129
24,138	FHLMC REMIC SERIES 4.5% 3/15/2044	23,828	27,504
48,792	FHLMC REMIC SERIES 5.00% 2/15/2035	48,976	54,589
32,138	FHLMC REMIC SERIES VAR 7/25/2032	31,281	34,287
644,342	FHLMC UMBS POOL #RA-7127 3.5% 4/1/2052	593,097	634,828
480,910	FHLMC UMBS POOL#RA-3167 2.00% 7/1/2050	400,884	504,094
7,684	FHLMC UMBS POOL#ZI-8701 6.00% 4/1/2039	7,972	8,525
7,883	FNMA PL #256851 7% 08/01/2037	8,263	8,305
16,384	FNMA PL #735415 6.50% 12/1/2032	17,112	17,171
27,816	FNMA PL #AB1763 4% 11/01/2030	27,277	30,018
29,382	FNMA PL #MA2055 4% 10/01/2034	28,758	31,751
20,840	FNMA PL #MA2962 3.5% 04/01/37	19,882	21,755
27,298	FNMA POOL #AL1417 VAR 11/1/2038	27,870	30,461
1,155	FNMA POOL #AL4147 4.5% 1/1/2025	1,149	1,308
11,271	FNMA POOL #AL4657 VAR 1/1/2044	11,272	14,133
5,636	FNMA POOL #AL4980 VAR 2/1/2044	5,731	5,899
38,927	FNMA POOL #AL5145 4.00% 10/1/2033	38,100	41,994
58,258	FNMA POOL #AL5362 5.00% 9/1/2039	59,196	64,983
	Forward	$ 7,850,557	$ 8,227,521

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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 7,850,557	$ 8,227,521
$ 30,319	FNMA POOL #AL7054 4.00% 7/1/2035	29,627	32,533
17,464	FNMA POOL #AL7384 4.5% 9/1/2045	17,333	19,316
6,341	FNMA POOL #AL8301 VAR 4/1/2046	6,494	6,570
14,500	FNMA POOL #AL8486 VAR 4/1/2045	14,801	15,249
23,675	FNMA POOL #AL8816 4.5% 9/1/2045	23,497	25,965
28,305	FNMA POOL #AL9063 3.5% 2/1/2031	27,589	30,688
13,040	FNMA POOL #AL9128 4.5% 2/1/2046	12,979	14,452
13,151	FNMA POOL #AL9407 4.5% 9/1/2042	13,005	14,545
12,198	FNMA POOL #BA3527 VAR 12/1/2045	12,487	15,247
70,872	FNMA POOL #BH5298 VAR 6/1/2047	71,448	73,421
75,966	FNMA POOL #BH5311 VAR 7/1/2047	76,500	78,734
79,383	FNMA POOL #BM1687 4.00% 1/1/2047	75,748	82,824
28,648	FNMA POOL #BM5704 5.00% 12/1/2048	28,876	30,499
788,528	FNMA POOL #FM4714 2.5% 10/1/2050	680,352	840,218
409,943	FNMA POOL #FM7599 3.5% 1/1/2051	380,223	406,838
178,272	FNMA POOL #FM8206 2.5% 8/1/2051	153,258	186,280
451,988	FNMA POOL #FM9868 2.5% 12/1/2051	388,356	461,295
221,693	FNMA POOL #FS0374 2.5% 1/1/2052	190,413	219,498
200,331	FNMA POOL #FS1083 2.5% 3/1/2052	172,034	193,778
258,658	FNMA POOL #FS6136 2.5% 3/1/2043	229,964	209,513
568,350	FNMA POOL #MA4600 3.5% 5/1/2052	521,461	518,974
1,657,497	FNMA POOL #MA4625 3.5% 6/1/2052	1,520,753	1,487,344
26,519	FNMA REMIC 2001-79 7.000% 3/25/2045	27,036	27,929
56,063	FNMA REMIC 2001-T4 7.500% 7/25/2028	56,845	59,291
22,301	FNMA REMIC 2003-W2 6.500% 7/25/2042	22,591	24,300
10,245	FNMA REMIC 2009-11 7.0% 3/25/2049	10,961	11,390
42,381	FNMA REMIC TRUST 7.5% 10/25/2042	43,110	48,490
68,681	FNMA UMBS POOL #731243 5.5% 8/1/2033	70,720	78,941
18,348	FNMA UMBS POOL #AE6799 4.5% 11/1/2030	18,193	20,048
43,936	FNMA UMBS POOL #AS9760 4.5% 6/1/2047	43,483	47,907
19,336	FNMA UMBS POOL #BN5247 5.00% 2/1/2049	19,484	20,356
476,415	FNMA UMBS POOL #BR2208 2.00% 8/1/2041	407,707	406,553
453,106	FNMA UMBS POOL #CA7728 2.5% 11/1/2050	390,238	484,572
653,010	FNMA UMBS POOL #CA8099 2.00% 12/1/2050	543,222	685,648
124,293	FNMA UMBS POOL #CA8440 2.00% 1/1/2051	103,396	129,951
555,830	FNMA UMBS POOL #CA8847 2.00% 2/1/2051	462,294	581,641
805,626	FNMA UMBS POOL #CB3594 3.5% 5/1/2052	743,064	786,688
650,857	FNMA UMBS POOL #CB3595 3.5% 5/1/2052	599,094	608,344
356,463	FNMA UMBS POOL #CB4079 3.5% 7/1/2052	331,176	345,642
20,291	FNMA UMBS POOL #MA3617 5.00% 3/1/2049	20,323	21,736
263,684	GNMA REMIC TRUST 11/20/2067	257,961	259,050
3,884	HLMC PL # 849254 FLTG 1/1/2042	3,982	4,054
200,000	ILLINOIS ST 5.100% 6/01/33	197,888	190,373
	Forward	$ 16,870,523	$ 18,034,206

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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 16,870,523	$ 18,034,206
$ 115,000	LOS ANGELES CALIF 6.758% 5.75% 7/01/34	129,897	122,922
50,000	LOS ANGELES CALIF UNI SCH 5.75% 7/01/34	53,080	52,429
175,000	NEW JERSEY ST TPK AUTH 7.102% 1/1/2041	211,556	229,425
50,000	UNIV CALIF REGTS MED 4.563% 5/15/2053	46,652	50,000
75,000	UNIVERSITY OF CA RGTS 3.006% 5/15/2050	53,093	49,388
227,713	U.S. TREASURY 1.5% 2/15/2053	206,197	197,275
325,000	U.S. TREASURY NOTE 4.5% 9/30/2028	335,462	320,392
2,084,000	U.S.TREASURY NOTE 4.375% 11/30/2030	2,142,936	2,134,056
1,420,000	US TREASUR BOND 4.125% 8/15/2053	1,435,308	1,284,554
275,000	US TREASURY BOND 3.625% 5/15/2053	254,246	245,158
590,000	US TREASURY NOTE 3.5% 4/30/2028	580,619	578,177
695,000	US TREASURY NOTE 3.75% 6/30/2030	688,759	683,533
290,000	US TREASURY NOTE 3.875% 8/15/2033	289,638	272,238
657,000	US TREASURY NOTE 4.5% 7/15/2026	663,110	657,693
295,000	US TREASURY NOTE 4.875% 10/31/2028	307,930	300,693
	TOTAL - GOVERNMENT DEBT SECURITIES	$ 24,269,006	$ 25,212,139

NO. OF SHARES	LIMITED LIABILITY CORPORATION/LIMITED PARTNERSHIPS		
178,254	FORT WASHINGTON HIGH YIELD LLC	$ 54,772,235	$ 38,931,307
4,441	FIRST EAGLE GLOBAL VALUE FUND LP	14,954,062	8,431,978
23,729	BOYD WATTERSON GSA FUND LP	26,336,451	26,006,741
21,831	BOYD WATTERSON STATE GOVERNMENT FUND LP	24,373,468	22,847,340
	CORBIN ERISA OPPORTUNITY FUND LP	38,068,058	27,566,041
	WCM INTERNATIONAL SMALL CAP GROWTH FUND LP	12,650,464	8,454,120
	WACAP O DIRECT LENDING FUND UNLEVERED FEEDER LLC	2,482,716	2,389,422
	HAMILTON LANE SECONDARY FEEDER FUND V-A LP	19,359,009	15,374,117
	HAMILTON LANE SECONDARY FUND VI-A LP	1,482,809	34,109
	WACAP SP INFRASTRUCTURE FUND IV FEEDER LLC	6,160,275	5,129,062
	TOTAL - LIMITED LIABILITY CORPORATION/ LIMITED PARTNERSHIPS	$ 200,639,547	$ 155,164,237
	103-12 INVESTMENT ENTITY		
626,583	WASHINGTON CAPITAL JOINT MASTER TRUST REAL ESTATE EQUITY FUND	$ 58,078,753	$ 37,804,969

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FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON/COLLECTIVE TRUSTS	FAIR VALUE	CARRY VALUE
1,204,638	SIERRA FRANKLIN EAFE PLUS EQUITY TRUST	$ 29,537,731	$ 22,586,954
723,133	VICTORY TRIVALENT INTERNATIONAL SMALL CAP COLLECTIVE FUND	12,533,566	8,779,202
	TOTAL - COMMON/COLLECTIVE TRUSTS	$ 42,071,297	$ 31,366,156
	MONEY MARKET MUTUAL FUND		
8,788,516	GOLDMAN SACHS FS GOVERNMENT FUND	$ 8,788,516	$ 8,788,182

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6279541; PLAN NO. 001
JANUARY 1, 2023 TO DECEMBER 31, 2023

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Goldman Sachs FS Government Fund	Purchases	$ 85,726,547	$ -	$ 85,726,547	$ -
	Sales	-	80,346,979	80,346,979	-

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(2)
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SCHEDULE OF ACTIVE PARTICIPANT DATA

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE[1]

	Years Of Credited Service																					
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 +		Total	
Age Group	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben
Under 25	11	$	25	$ 164	1	$	0	$	0	$	0	$	0	$	0	$	0	$	0	$	37	$ 127
25 - 29	27	34	67	249	18		1		0		0		0		0		0		0		113	259
30 - 34	22	55	114	321	75	707	15		0		0		0		0		0		0		226	472
35 - 39	17		88	348	93	798	46	1,233	13		1		0		0		0		0		258	736
40 - 44	10		50	352	61	825	63	1,238	35	1,783	28	2,742	0		0		0		0		247	1,158
45 - 49	12		52	363	30	859	31	1,295	32	1,945	57	2,906	12		0		0		0		226	1,596
50 - 54	8		30	450	21	941	17		32	1,934	51	2,768	23	4,190	3		0		0		185	2,019
55 - 59	4		12		11		13		31	2,162	52	3,166	12		10		7		0		152	2,661
60 - 64	3		5		8		12		12		28	2,975	6		4		8		2		88	2,672
65 - 69	1		5		3		1		0		4		1		2		1		1		19	
70 and Over	0		1		1		0		0		1		0		0		0		0		3	
Total	115	$ 57	449	$ 330	322	$ 786	199	$ 1,256	155	$ 1,931	222	$ 2,926	54	$ 4,088	19	$	16	$	3	$	1,554	$ 1,309

[1] In accordance with the Schedule MB instructions, the average accrued monthly benefit for groups with less than 20 participants is not shown.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

METHODOLOGY:	
Asset Valuation	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value be less than 80% or more than 120% of the Market Value.
Actuarial Cost Method	Unit Credit Cost Method - Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(CONTINUED)

ASSUMPTIONS:	
Interest Discount Rate	7.00% for funding and 2.55% for current liability.
Assumed Rate of Return on Investments	7.00% compounded annually, net of investment expenses.
Derivation of Net Investment Return	The expected return assumption is established based on a long-term outlook and is based on past experience, future expectations and professional judgment. We have modeled the assumption based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses	A total annual amount of $860,900 payable at the beginning of the year, increasing by 3% per year in future years.
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality	Healthy Lives: RPH-2014 mortality table, adjusted backward to 2006, then projected forward to 2025 using MP-2019 (Employee table for non-annuitants, Retiree table for annuitants). Disabled Lives: RP-2014 Disabled mortality table, adjusted backward to 2006, then projected forward to 2025 using MP-2019. Current Liability: 2023 static mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2022-22.
Mortality Improvement	The current mortality assumption incorporates a projection to 2025 and is assumed to be reasonable at this time.
Termination Rates	Table T-5 net of 1951 GAT from the Actuary's Pension Handbook (Crocker-Sarason-Straight) set back 5 years.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(CONTINUED)

ASSUMPTIONS:

Retirement Rates	Active participants are assumed to retire based on the following rate table: **Not Eligible for the Rule of 90** / **Eligible for the Rule of 90** **Age** / **Rate** / **Age** / **Rate** 55-57 / 5% / 55-57 / 25% 58-59 / 10% / 58-59 / 25% 60-61 / 20% / 60-61 / 25% 62-63 / 30% / 62-63 / 30% 64 / 20% / 64 / 20% 65 / 100% / 65 / 100% Inactive vested participants are assumed to retire at age 62.
Disability Rates	1987 Commissioners Group Disability Incidence (Male) with a (0.0005) adjustment.
Form of Benefit	For those not yet in pay status, all participants are assumed to elect a Life Annuity with a 60-month guarantee.
Marital Status	85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their male spouses.
PEO Balances	Liabilities for payees with a PEO benefit are loaded by 1% to reflect the potential return of unpaid benefits at death.
Active Participant	Worked at least 100 hours in covered employment.
Future Employment	Each active participant is assumed to work the same as the actual hours worked in the prior plan year, then the total cost of benefits is adjusted to reflect 2,100,000 hours expected to be worked in the 2023 Plan Year.
Excluded Participants	None.
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.

CHANGES SINCE PRIOR VALUATION	The current liability interest rate was changed from 2.22% to 2.55% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning and ending

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: [ ] 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 . . . . . ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
IBEW LOCAL 595 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/08/1965

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)

BD. OF TRUSTEES, (OF THE ABOVE PLAN)
IBEW LOCAL 595 PENSION PLAN

7180 KOLL CENTER PKWY STE 200
PLEASANTON, CA 94566

2b Employer Identification Number (EIN) 94-6279541

2c Plan Sponsor's telephone number 925-208-9999

2d Business code (see instructions) 238210

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

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

SIGN HERE		10/3/2024	Greg Bonato
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/2024	Greg Armstrong
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6279541; PLAN NO. 001
JANUARY 1, 2023 TO DECEMBER 31, 2023

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Goldman Sachs FS Government Fund	Purchases	$ 85,726,547	$ -	$ 85,726,547	$ -
	Sales	-	80,346,979	80,346,979	-

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
IBEW LOCAL 595 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES, IBEW LOCAL 595 PENSION PLAN

D Employer Identification Number (EIN)
94-6279541

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

1a Enter the valuation date: Month 1 Day 1 Year 2023

b Assets		
(1) Current value of assets	1b(1)	496,653,454
(2) Actuarial value of assets for funding standard account	1b(2)	527,405,928
c (1) Accrued liability for plan using immediate gain methods	1c(1)	545,331,874
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	545,331,874
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	960,227,710
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	29,321,195
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	42,200,740
(3) Expected plan disbursements for the plan year	1d(3)	43,558,278

Statement by Enrolled Actuary

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

SIGN HERE

Wendy Londa
Signature of actuary

9-26-2024
Date

WENDY LONDA
Type or print name of actuary

23-07600
Most recent enrollment number

RAEL & LETSON
Firm name

(650)341-3311
Telephone number (including area code)

160 BOVET ROAD, SUITE 203

SAN MATEO CA 94402
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	496,653,454
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,311	552,028,210
(2) For terminated vested participants		480	109,032,578
(3) For active participants:			
(a) Non-vested benefits			20,044,486
(b) Vested benefits			279,122,436
(c) Total active		1,554	299,166,922
(4) Total		3,345	960,227,710
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.72 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2023	26,829,305				

	Totals ►	**3(b)**	26,829,305	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	96.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • 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 ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.55 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	7P2025	7P2025
(2) Females	**6c(2)**	7FP2025	7FP2025
d Valuation liability interest rate	**6d**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.1%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-9.7%	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	860,900	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	1,206,374	123,788
3	786,165	80,670

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**	0
b Employer's normal cost for plan year as of valuation date	**9b**	11,047,764

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)**	220,789,739		31,898,065
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	3,006,208
e Total charges. Add lines 9a through 9d			**9e**	45,952,037
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	137,777,214
g Employer contributions. Total from column (b) of line 3			**9g**	26,829,305
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	65,086,579		15,287,225
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	11,653,536
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	211,328,635		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	355,179,456		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	191,547,280
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	145,595,243
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☒ Yes ☐ No

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(1)
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	$ 1,696,911	$ 1,028,772	$ 39,942,582	$ 42,668,265
2024	2,965,075	1,561,772	39,038,013	43,564,860
2025	4,179,571	1,920,108	37,934,242	44,033,921
2026	5,350,374	2,351,463	36,900,553	44,602,390
2027	6,452,828	2,752,820	35,784,494	44,990,142
2028	7,375,772	2,970,100	34,654,876	45,000,748
2029	8,169,290	3,283,052	33,486,543	44,938,884
2030	8,851,375	3,698,698	32,270,084	44,820,158
2031	9,548,390	3,964,392	31,009,233	44,522,015
2032	10,226,961	4,257,784	29,708,235	44,192,980
2033	10,823,663	4,619,005	28,371,878	43,814,546
2034	11,415,367	4,846,409	27,005,422	43,267,199
2035	11,882,752	5,122,196	25,614,724	42,619,671
2036	12,272,191	5,285,494	24,206,181	41,763,866
2037	12,684,798	5,360,395	22,786,517	40,831,710
2038	13,068,797	5,498,001	21,362,658	39,929,456
2039	13,392,544	5,699,233	19,941,460	39,033,237
2040	13,679,270	5,726,124	18,529,514	37,934,909
2041	13,966,792	5,734,164	17,133,202	36,834,158
2042	14,153,326	5,749,034	15,758,773	35,661,132
2043	14,216,653	5,684,964	14,412,466	34,314,083
2044	14,222,271	5,649,284	13,100,735	32,972,290
2045	14,233,968	5,536,613	11,830,269	31,600,850
2046	14,151,313	5,387,790	10,607,967	30,147,071
2047	14,098,569	5,169,552	9,440,807	28,708,929
2048	13,943,005	4,966,828	8,335,452	27,245,285
2049	13,665,611	4,754,152	7,297,995	25,717,757
2050	13,357,854	4,542,310	6,333,748	24,233,912
2051	13,003,878	4,304,538	5,446,970	22,755,386
2052	12,619,074	4,067,307	4,640,602	21,326,983
2053	12,203,390	3,824,502	3,916,049	19,943,941
2054	11,724,744	3,580,121	3,273,071	18,577,936
2055	11,228,434	3,342,018	2,709,793	17,280,245
2056	10,699,092	3,090,307	2,222,881	16,012,280
2057	10,105,232	2,842,649	1,807,610	14,755,491
2058	9,511,692	2,600,911	1,458,202	13,570,804
2059	8,914,361	2,366,588	1,168,156	12,449,105
2060	8,324,839	2,140,643	930,586	11,396,068
2061	7,748,426	1,925,801	738,540	10,412,767
2062	7,183,804	1,722,191	585,250	9,491,244
2063	6,627,775	1,530,653	464,355	8,622,782
2064	6,092,201	1,351,797	370,076	7,814,073
2065	5,578,283	1,186,029	297,296	7,061,608
2066	5,087,155	1,033,553	241,592	6,362,300
2067	4,619,999	894,362	199,222	5,713,584
2068	4,177,630	768,287	167,102	5,113,019
2069	3,760,092	655,025	142,735	4,557,851
2070	3,367,844	554,137	124,144	4,046,125
2071	3,001,179	465,078	109,802	3,576,059
2072	2,660,184	387,191	98,538	3,145,913

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(3)
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND WITHDRAWAL LIABILITY PAYMENTS

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	$ 24,219,716	$ 0	$ 24,219,716
2024	24,219,716	0	24,219,716
2025	24,219,716	0	24,219,716
2026	24,219,716	0	24,219,716
2027	24,219,716	0	24,219,716
2028	24,219,716	0	24,219,716
2029	24,219,716	0	24,219,716
2030	24,219,716	0	24,219,716
2031	24,219,716	0	24,219,716
2032	24,219,716	0	24,219,716

Attachment to:	2023 Schedule MB (Form 5500), Lines 3 and 9g
Plan Name:	IBEW Local 595 Pension Plan
Employer ID Number:	94-6279541
Plan Number:	001

EMPLOYER CONTRIBUTIONS

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

The IBEW Local 595 Pension Plan became effective December 5, 1965 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of January 1, 2015 and last amended effective June 1, 2022. The principal provisions of the Plan as of January 1, 2023 are summarized below.

<table>
<tr><th colspan="2">NORMAL RETIREMENT</th></tr>
<tr><td>Eligibility</td><td>Age 65 or 5th anniversary of participation, if later.</td></tr>
<tr><td>Monthly Benefit</td><td>A participant's monthly benefit is equal to the following:
Service before January 1, 1994:
$130 per year of Past Service and Future Service Credit.
Service on and after January 1, 1994:
1/1/94 – 12/31/02 3.5% of Employer Contributions
1/1/03 – 1/31/07 3.0% of Employer Contributions
2/1/07 – 1/31/08 2.871% of Employer Contributions
2/1/08 – 12/31/09 2.25% of Employer Contributions
1/1/10 and on 1.0% of Employer Contributions
<table><tr><th>Effective Date</th><th>Accruing Contribution</th><th>Non-Accruing Contribution</th></tr><tr><td>Prior to July 1, 2009</td><td>100.0%</td><td>0.0%</td></tr><tr><td>July 1, 2009</td><td>78.7%</td><td>21.3%</td></tr><tr><td>July 1, 2012</td><td>62.3%</td><td>37.7%</td></tr><tr><td>June 1, 2013</td><td>59.1%</td><td>40.9%</td></tr><tr><td>June 1, 2017</td><td>69.0%</td><td>31.0%</td></tr><tr><td>June 1, 2018</td><td>76.9%</td><td>23.1%</td></tr><tr><td>June 1, 2019</td><td>83.3%</td><td>16.7%</td></tr><tr><td>June 1, 2020</td><td>88.6%</td><td>11.4%</td></tr><tr><td>June 1, 2021</td><td>93.1%</td><td>6.9%</td></tr><tr><td>June 1, 2022</td><td>96.9%</td><td>3.1%</td></tr><tr><td>June 1, 2023</td><td>100.0%</td><td>0.0%</td></tr></table></td></tr>
<tr><th colspan="2">EARLY RETIREMENT</th></tr>
<tr><td>Eligibility</td><td>Attainment of age 55 with 10 years or more Credited Service.</td></tr>
<tr><td>Monthly Benefit</td><td>For benefits earned prior to January 1, 2010, accrued benefit reduced ½% for each month prior to age 60. For benefits earned on and after January 1, 2010, accrued benefit reduced based on actuarial equivalence from age 62.</td></tr>
<tr><th colspan="2">UNREDUCED RETIREMENT</th></tr>
<tr><td>Eligibility</td><td>Effective for benefits earned prior to January 1, 2010, age 60 with 5 or more years of Credited Service.
Effective for benefits earned on and after January 1, 2010, age 62 with 5 or more years Credited Service.</td></tr>
<tr><td>Monthly Benefit</td><td>Accrued benefit without reduction.</td></tr>
</table>

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

RULE OF 90	
Eligibility	For benefits earned prior to January 1, 2010, age 55 and age plus Credited Service equals 90 or more. The Rule of 90 benefit option is not available for benefits earned on and after January 1, 2010.
Monthly Benefit	For benefits earned prior to January 1, 2010, accrued benefit reduced ½% for each month prior to age 60, then increased each year in retirement on the participant's birthday until reaching age 60, when there is no reduction.
DELAYED RETIREMENT	
Eligibility	Vested participants who work beyond their Normal Retirement Age or delay commencement of their benefit beyond their Normal Retirement Age.
Monthly Benefit	The greater of the following: (a) The benefit accrued as of the participant's Delayed Retirement Date. (b) The participant's Normal Retirement Benefit accrued as of his or her Normal Retirement Date actuarially increased to the Delayed Retirement Date for each month employment would not result in a suspension of benefits. The actuarial increase adjustment in (b) above is 0.75% per month for each month after Normal Retirement Age.
DISABILITY RETIREMENT	
Eligibility	Totally disabled, meaning participant has been awarded a permanent Social Security Disability Benefit, 10 years of Credited Service, earned two or more quarters of Credited Service in the three consecutive calendar years immediately prior to the date of disability, and qualified for disability while an active participant.
Monthly Benefit	Accrued benefit without reduction.
PRE-RETIREMENT DEATH BENEFIT	
Eligibility	Vested at time of death.
Monthly Benefit	Married: 50% of the benefit the employee would have received had he or she terminated employment on his or her date of death, survived to his or her earliest retirement age, and elected the 50% Joint and Survivor Pension. Benefit commences no earlier than the date the participant would have reached age 55. Unmarried: Accrued benefit payable for 60 Months Certain Only.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

FORMS OF ANNUITY PAYMENTS	
Normal Form	Married Participants: 50% Joint and Survivor Pension. All Others: Life Annuity with 60 Months Guaranteed.
Optional Forms	Life Annuity with 60 Months Guaranteed. Joint and Survivor Pension (50%, 75% and 100% options). Joint and Survivor Pension with a Reversion Election (50%, 75% and 100% options).
PENSION ENHANCEMENT OPTION	
Eligibility	Eligible to receive a pension benefit from the plan and at least age 55.
Monthly Benefit	One time rollover of at least $10,000 from the Money Purchase Plan into the Pension Plan. The amount will be converted into an actuarially equivalent monthly benefit, payable in the same form otherwise elected by the Participant under this Plan, using an interest rate equal to the greater of 6.5% or the applicable interest rate and the applicable mortality table.
OTHER	
Credited (Vesting) Service	A Participant will receive Credited Service according to the following schedule. **Hours in Plan Year** / **Credited Service** < 100 / 0.00 100 to 499 / 0.25 500 to 749 / 0.50 750 to 999 / 0.75 ≥ 1,000 / 1.00 A participant becomes 100% vested if 5 or more years of Credited Service.
Break in Service Rules	One-year Break in Service: Participant works less than 100 hours in a plan year. Permanent Break in Service: Participant incurs 5 consecutive One-year Breaks in Service.
Benefits Not Included in Valuation	None.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

CHANGES SINCE PRIOR VALUATION	The accruing contribution percentage increased from 96.9% to 100.0% for all hours worked on and after June 1, 2023. Effective June 1, 2022, the mortality table for actuarial equivalence, applicable to early retirement factors for accruals earned on and after January 1, 2010 and benefits attributable to QDROs, was updated from the 1971 Group Annuity Mortality Table to the Applicable Mortality Table in effect for each Plan Year. Joint and Survivor factors are the greater of those produced using the current and prior actuarial equivalent assumptions.

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK	FAIR VALUE	CARRY VALUE
2,326	A.O. SMITH CORP	$ 191,755	$ 158,558
1,159	ACUITY BRANDS INC	237,398	192,413
7,295	ADIENT PLC	265,246	311,021
2,925	ADOBE INC	1,745,048	782,512
3,080	ADVANCED ENERGY INDUSTRIES	335,474	248,894
7,644	ADVANCED MICRO DEVICES INC COM	1,126,802	598,080
8,000	ADVANSIX INC	239,680	274,879
63,000	AEGON LTD AMER REG 1 CERT ADR	362,880	515,337
6,950	AIR TRANSPORT SERVICES GROUP INC	122,390	117,740
1,030	ALAMO GROUP INC	216,496	102,306
1,174	ALARM.COM HOLDINGS INC	75,864	64,977
722	ALLEGIANT TRAVEL CO	59,644	72,885
753	ALLEGION PLC	95,398	102,915
1,400	ALNYLAM PHARMACEUTICALS INC	267,974	146,139
902	ALPHA METALLURGICAL RESOUR INC COM	305,706	127,793
38,547	ALPHABET INC CAP STK CL C	5,432,429	2,085,056
9,000	ALPHABET INC CLASS A	1,257,210	995,305
31,650	AMAZON. COM INC	4,808,901	3,723,043
1,550	AMDOCS LIMITED	136,230	118,554
2,588	AMEDISYS INC	246,015	238,802
4,315	AMERISAFE INC	201,856	256,275
17,495	AMPHENOL CORPORATION CLASS A	1,734,279	933,518
14,800	ANHEUSER-BUSCH INBEV SPN ADR	956,376	853,323
5,525	APA CORPORATION COM	198,237	242,590
4,072	APELLIS PHARMACEUTICALS INC	243,750	265,099
3,908	API GROUP CORP	135,217	100,001
3,585	APOGEE ENTERPRISES INC	191,475	175,245
21,572	APPLE HOSPITALITY REIT INC	358,311	333,464
12,310	APPLE INC	2,370,044	479,776
605	APPLIED INDUSTRIAL TECHNOLOGIES INC	104,477	36,189
7,797	ARCHROCK INC	120,074	80,201
3,937	ARCTURUS THERAPEUTICS HLDGS	124,134	125,284
7,100	ARDMORE SHIPPING CORP	100,039	133,053
2,765	ASGN INCORPORATED	265,910	212,618
5,940	ASTEC INDUSTRIES INC	220,968	266,840
24,700	AVANTOR INC	563,901	489,356
1,172	BADGER METER INC	180,922	143,050
19,300	BAKER HUGHES COMPANY CL A	659,674	569,257
570	BALCHEM CORP	84,788	85,366
30,500	BANK OF AMERICA CORP	1,026,935	736,241
3,080	BANK OF HAWAII CORP	223,177	253,903
23,900	BANK OF NEW YORK MELLON CORP	1,243,995	841,601
8,764	BANK OZK	436,710	358,658
10,200	BAXTER INTL INC COM	394,332	373,975
3,270	BEACON ROOFING SUPPLY INC COM	284,555	178,098
1,111	BELDEN INC COM	85,825	76,541
	Forward	$ 30,038,501	$ 19,576,731

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 30,038,501	$ 19,576,731
5,700	BIOMARIN PHARMACEUTICALS INC	549,594	451,024
2,434	BLACKLINE INC	151,979	137,951
6,710	BLOOMIN BRANDS INC	188,887	129,301
542	BOOKING HOLDINGS INC	1,922,593	1,046,597
1,585	BOOZ ALLEN HAMILTON HOLDING	202,737	139,275
3,940	BORGWARNER INC COM	141,249	125,649
3,845	BRIGHTHOUSE FINANCIAL INC	203,477	172,192
2,270	BRINKS CO	199,647	140,073
7,600	BRISTOL MYERS SQUIBB CO	389,956	416,546
2,520	BRUNSWICK CORPORATION	243,810	197,124
4,809	CACTUS INC	218,329	190,286
10,700	CAPITAL ONE FINANCIAL CORP	1,402,984	731,049
6,800	CARRIER GLOBAL CORP	390,660	176,134
4,899	CARS.COM INC	92,934	91,835
1,655	CBIZ INC	103,586	64,151
5,917	CDW CORPORATION	1,345,052	526,047
2,800	CELANESE CORPORATION	435,036	215,223
1,518	CELSIUS HOLDINGS INC	82,761	80,108
8,500	CENTRAL GARDEN AND PET CO-A	374,340	335,145
1,620	CENTURY COMMUNITIES INC	147,647	99,818
4,457	CERIDIAN HCM HOLDING INC	299,154	294,088
1,395	CHARLES RIVER LABORATORIES	329,778	289,000
2,038	CHART INDUSTRIES INC	277,841	355,578
3,400	CHARTER COMMUNICATIONS INC CL	1,321,512	1,208,917
500	CHEMED CORPORATION	292,375	252,378
6,560	CIENA CORPORATION	295,266	282,731
1,025	CIRRUS LOGIC	85,270	103,066
11,500	CISCO SYSTEMS INC	580,980	455,434
8,458	CIVITAS RESOURCES INC COM	578,358	615,439
7,246	CNX RESOURCES CORP	144,920	105,250
9,200	COGNIZANT TECHNOLOGY SOLUTIONS	694,876	587,636
5,200	COHEN & STEERS INC	393,796	384,984
6,700	COHERENT CORP COM	291,651	368,113
9,200	COHU INC	325,588	306,078
10,142	COLGATE PALMOLIVE CO.	808,419	785,255
2,225	COLLIERS INTL GROUP INC	281,507	279,788
4,470	COLUMBIA SPORTSWEAR CO	355,544	369,033
29,700	COMCAST CORPORATION CLASS A	1,302,345	770,857
2,335	COMMERCIAL METALS CO	116,843	105,591
1,150	COMMVAULT SYSTEMS INC	91,828	76,163
3,352	COMPASS DIVERSIFIED HOLDINGS COM	75,252	78,854
2,314	CONMED CORPORATION	253,406	221,673
5,350	CONOCOPHILLIPS	620,975	298,133
3,628	CONSOL ENERGY INC	364,723	217,270
	Forward	$ 49,007,966	$ 33,853,568

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 49,007,966	$ 33,853,568
11,895	COPART INC	582,855	333,481
11,845	COPT DEFENSE PROPERTIES SHS BEN INT	303,587	308,691
6,688	CORCEPT THERAPEUTICS INC.	217,226	160,139
7,830	CORE & MAIN INC CL A COM	316,410	169,441
6,183	COTY INC. CLASS A	76,793	77,039
1,935	CRANE COMPANY COMMON STOCK	228,601	75,480
3,455	CRANE NXT CO COM	196,486	177,693
533	CSW INDUSTRIALS INC	110,550	100,509
12,850	CUSHMAN & WAKEFIELD PLC	138,780	234,091
5,002	CUSTOMERS BANCORP INC	288,215	152,798
13,300	CVS HEALTH CORP COM	1,050,168	972,845
4,976	DANAHER CORPORATION COM	1,151,148	1,066,609
7,800	DELEK US HOLDINGS INC	201,240	200,121
1,454	DIODES INC	117,076	158,364
16,900	DISH NETWORK CORP CL A	97,513	437,748
10,800	DOMINION ENERGY INC	507,600	560,710
3,764	DREAM FINDERS HOMES INC COM CL A	133,735	135,643
1,152	DUOLINGO INC CL A COM	261,331	185,295
9,140	DYNAVAX TECHNOLOGIES CORP.	127,777	128,120
2,698	EAGLE MATERIALS INC	547,263	323,552
2,017	EAST WEST BANCORP INC	145,123	106,022
688	EASTGROUP PROPERTIES	126,276	117,577
3,191	EATON CORP PLC	768,457	540,277
9,233	EDWARDS LIFESCIENCES CORP	704,016	515,215
29,800	ELANCO ANIMAL HEALTH INC	444,020	647,720
4,730	ELECTRONIC ARTS INC	647,111	577,096
3,567	ELI LILLY & CO COM	2,079,276	532,624
4,140	ENCOMPASS HEALTH CORP	276,221	256,711
1,331	ENCORE WIRE CORP	284,302	227,094
2,259	ENERGIZER HLDGS INC NEW COM	71,565	76,650
2,574	ENOVIS CORP COM	144,195	151,095
728	ENTEGRIS INC	87,229	76,474
4,064	EQT CORPORATION	157,114	162,411
2,302	EVERCORE INC CLASS A	393,757	317,128
6,682	EVERTEC INC	273,561	240,419
17,800	EW SCRIPPS CO/THE-A	142,222	281,735
3,955	EXACT SCIENCES CORP	292,591	350,356
1,556	EXPONENT INC	136,990	145,803
540	FABRINET	102,778	42,234
1,609	FACTSET RESEARCH SYSTEMS INC.	767,573	693,558
5,350	FEDEX CORPORATION	1,353,390	821,108
15,800	FIDELITY NATIONAL INFORMATION	949,106	1,107,479
6,150	FIRST AMERICAN FINANCIAL	396,306	334,685
2,699	FIRST FINL BANKSHARES INC	81,780	87,804
	Forward	$ 66,487,279	$ 48,221,212

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 66,487,279	$ 48,221,212
13,588	FIRST HORIZON CORPORATION COM	192,406	188,502
4,090	FIRST INDUSTRIAL REALTY TR	215,420	168,065
14,900	FISERV INC	1,979,316	1,630,618
13,100	FOUR CORNERS PROPERTY TRUST	331,430	359,536
12,500	FOX CORP CL-A	370,875	312,970
6,000	FOX CORP CLASS -B	165,900	160,710
7,263	FRANKLIN BSP REALTY TRUST INC COMMON	98,123	108,042
3,100	FRONTDOOR INC	109,182	105,746
4,800	FULLER H B CO	390,768	342,066
17,100	GAP INC	357,561	353,445
7,000	GE HEALTHCARE TECHNOLOGIES INC	541,240	444,054
7,500	GENERAL ELECTRIC CO COM	957,225	527,734
19,770	GENWORTH FINANCIAL INC-CL A	132,064	72,734
3,170	GIBRALTAR INDUSTRIES INC	250,367	195,830
4,313	G-III APPAREL LTD	146,556	85,573
15,300	GILEAD SCIENCES INC	1,239,453	1,082,097
2,500	GOLDMAN SACHS GROUP INC COM	964,425	463,731
32,300	GSK PLC SPONSORED ADR	1,197,038	1,224,226
2,717	HAEMONETICS CORP MASS	232,331	235,873
50,900	HALEON PLC SPON ADS	418,907	325,822
4,240	HANCOCK WHITNEY CORP	206,022	162,255
3,165	HANOVER INSURANCE GROUP INC	384,294	426,152
2,744	HARMONY BIOSCIENCES HLDGS INC COM	88,631	140,076
12,100	HAYWARD HLDGS INC COM	164,560	115,847
3,554	HEALTHEQUITY INC	235,630	262,582
16,397	HELMERICH & PAYNE	593,900	671,517
4,473	HENRY SCHEIN INC.	338,651	357,192
26,600	HEWLETT PACKARD ENTERPRISE	451,668	283,599
2,925	'HEXCEL CORP	215,719	153,655
8,900	HILLENBRAND INC	425,865	350,316
1,738	HILTON GRAND VACATIONS INC	69,833	71,838
1,820	HILTON WORLDWIDE HOLDINGS INC	331,404	242,978
13,500	HONDA MTR LTD ADR	417,285	402,204
2,247	HOULIHAN LOKEY INC.	269,438	216,006
16,900	HP INC	508,521	323,427
4,795	HUB GROUP INC. CLASS A	440,852	340,105
1,530	ICF INTERNATIONAL INC	205,158	113,279
3,730	IDACORP INC	366,734	380,752
2,445	ILLINOIS TOOL WORKS	640,443	401,478
5,700	INCYTE CORPORATION	357,903	430,421
4,940	INDEPENDENT BK CORP MASS COM	325,101	362,146
3,370	INGEVITY CORPORATION	159,131	251,031
2,430	INGREDION INC	263,728	207,365
3,185	INNOSPEC INC	392,519	296,255
	Forward	$ 84,630,856	$ 63,571,062

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
DECEMBER 31, 2023

NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 84,630,856	$ 63,571,062
1,514	INSPERITY INC	177,471	188,564
1,861	INSTALLED BUILDING PRODUCTS	340,228	204,019
4,310	INTEGER HOLDINGS CORP	427,035	329,182
10,720	INTERCONTINENTAL EXCHANGE, INC	1,376,770	757,274
4,500	INTL FLAVORS & FRAGRANCES	364,365	322,639
2,874	INTRA CELLULAR THERAPIES	205,836	166,409
2,447	INTUIT INC	1,529,448	1,193,185
3,481	INTUITIVE SURGICAL INC	1,174,350	855,307
1,789	IPG PHOTONICS CORP	194,178	207,024
3,074	JABIL INC	391,628	167,800
4,616	JANUS HENDERSON GROUP PLC	139,172	139,873
2,815	JOHN BEAN TECHNOLOGIES	279,952	312,523
20,600	JOHNSON CONTROLS INTERNATIONAL	1,187,384	836,886
1,830	JONES LANG LASALLE INC	345,632	317,869
17,000	JUNIPER NETWORKS INC	501,160	436,476
3,900	KAISER ALUMINUM CORP	277,641	339,019
9,055	KENNEMETAL INC	233,528	248,312
2,300	KONTOOR BRANDS INC	143,566	126,106
6,565	KULICKE & SOFFA INDS INC	359,237	353,841
4,970	LAKELAND FINANCIAL CORP	323,845	252,103
1,200	LANCASTER COLONY CORP	199,668	203,844
1,924	LANDSTAR SYSTEM INC.	372,583	260,718
1,555	LCI INDUSTRIES	195,479	202,015
2,600	LEAR CORPORATION	367,146	346,990
6,822	LINCOLN NATIONAL CORP.	183,989	188,409
1,240	LITTELFUSE INC	331,774	270,086
1,465	LIVANOVA PLC	75,799	76,472
6,700	LYONDELLBASELL INDU-CL A	637,036	536,654
18,900	MAGNOLIA OIL & GAS CORP	402,381	430,298
13,015	MARTEN TRANSPORT	273,055	193,727
6,233	MASTERCARD INC-CLASS A	2,658,437	1,172,561
7,025	MATADOR RESOURCES CO	399,442	358,740
19,200	MATTEL INC	362,496	352,726
4,405	MAXIMUS INC	369,403	302,910
2,625	MCGRATH RENTCORP	314,003	218,344
3,300	MEDTRONIC PLC	271,854	284,473
5,670	MERCURY SYSTEMS, INC.	207,352	301,590
1,800	META PLATFORMS INC CL A	637,128	460,001
24,400	METLIFE INC.	1,613,572	994,875
2,585	MGE ENERGY INC	186,921	180,056
15,227	MICROCHIP TECH INC	1,373,171	1,067,878
15,945	MICROSOFT CORP COM	5,995,958	2,080,274
1,381	MIDDLEBY CORP	203,242	202,776
4,755	MINERALS TECHNOLOGIES INC	339,079	308,695
	Forward	$ 112,574,250	$ 82,320,585

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NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 112,574,250	$ 82,320,585
853	MKS INSTRUMENTS INC	87,748	82,439
7,000	MOLSON COORS BEVERAGE CO CL B	428,470	382,563
4,522	MOTOROLA SOLUTIONS INC	1,415,793	922,092
4,950	MUELLER INDS INC	233,393	96,414
505	MURPHY USA INC COM	180,063	105,398
790	MYR GROUP INC	114,258	51,887
4,689	NAVIENT CORPORATION	87,309	82,289
7,945	NCR ATLEOS CORPORATION COM SHS	192,984	175,977
10,660	NCR VOYIX CORPORATION COM	180,261	175,673
3,415	NEUROCRINE BIOSCIENCES INC	449,960	362,851
4,900	NEWS CORPORATION CLASS A	120,295	48,992
4,945	NEXTRACKER INC CLASS A COM	231,673	161,679
3,400	NORFOLK SOUTHERN CORP.	803,692	718,095
4,830	NORTHWESTERN ENERGY GROUP INC COM	245,799	283,981
5,900	NOVARTIS AG ADR	595,723	392,699
1,265	NVIDIA CORPORATION	626,453	266,413
36,100	OCCIDENTAL PETROLEUM CORP	2,155,531	1,849,948
3,225	OCCIDENTAL PETROLEUM CORP 8/3/2027	125,549	18,221
3,982	O-I GLASS INC	65,225	66,405
5,200	OLD NATL BANCORP IND COM	87,828	78,682
2,750	ONE GAS INC	175,230	203,736
1,926	ONTO INNOVATION INC	294,485	161,722
1,297	O'REILLY AUTOMOTIVE INC	1,232,254	442,274
2,400	OTIS WORLDWIDE CORP	214,728	155,226
923	OXFORD INDS INC.	92,300	75,170
13,722	PATTERSON-UTI ENERGY INC	148,198	205,215
9,161	PEPSICO INC.	1,555,904	1,335,770
5,194	PERFICIENT INC	341,869	349,600
4,845	PERFORMANCE FOOD GROUP CO COM	335,032	231,743
808	PIPER SANDLER COMPANIES	141,295	110,279
2,512	POWER INTEGRATIONS INC	206,260	205,785
2,960	PRIVIA HEALTH GROUP INC COM	68,169	78,161
10,221	PROGRESSIVE CORP	1,628,001	975,122
4,937	PULTEGROUP INC.	509,597	197,620
7,735	QUALCOMM INC	1,118,713	856,267
4,865	RANGE RES CORP	148,091	152,403
11,395	RAYONIER INC	380,707	359,927
1,830	RED ROCK RESORTS INC	97,594	82,953
1,846	REGENCY CTRS CORP	123,682	118,002
1,000	REGENERON PHARMACEUTICALS	878,290	647,554
435	RENAISSANCE RE HLDGS LTD	85,260	63,508
10,100	RENASANT CORPORATION	340,168	281,611
2,220	REPLIGEN CORPORATION	399,156	374,999
14,700	ROCHE HLDG LTD ADR	533,801	541,878
	Forward	$ 132,051,041	$ 96,849,808

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NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 132,051,041	$ 96,849,808
1,269	ROCKWELL AUTOMATION INC	393,999	211,949
2,355	ROGERS CORPORATION	311,025	337,436
9,517	ROSS STORES INC	1,317,058	762,202
18,800	RTX CORPORATION COM	1,581,832	1,335,593
3,895	RXSIGHT INC COM	157,046	127,636
5,900	RYAN SPECIALTY HOLDINGS INC CL A	253,818	186,769
3,565	SAFETY INSURANCE GROUP INC	270,904	297,839
5,745	SALESFORCE INC COM	1,511,739	1,086,816
37,300	SANOFI SPONSORED ADR	1,854,929	1,704,986
5,450	SCANSOURCE INC	215,875	163,756
24,436	SCHLUMBERGER LTD COM STK	1,271,649	781,072
3,801	SCOTTS MIRACLE-GRO CO-CL A	242,314	227,125
3,180	SELECTIVE INSURANCE GROUP INC	316,346	197,437
1,142	SHIFT4 PMTS INC CL A	84,896	76,532
2,930	SIGNET JEWELERS LTD	314,272	206,492
6,700	SILGAN HOLDINGS INC	303,175	255,934
5,292	SITIO ROYALTIES CORP CLASS A COM	124,415	137,106
2,904	SKECHERS U.S.A. INC. CLASS A	181,035	141,747
2,713	SKYLINE CORP	201,467	188,257
6,575	SONOCO PRODUCTS	367,345	370,110
5,955	SOUTHSTATE CORPORATION COM	502,900	453,542
4,637	SPECTRUM BRANDS HOLDINGS INC	369,893	368,079
8,132	SPROUTS FARMERS MARKETS INC	391,231	217,356
9,600	STATE STREET CORP	743,616	608,749
1,615	STEPAN COMPANY	152,698	138,940
2,315	STEWART INFORMATION SVCS CORP COM	136,006	89,923
6,735	SUMMIT MATERIALS INC	259,028	175,102
5,200	TE CONNECTIVITY LTD	730,600	371,909
2,425	TEREX CORP	139,341	68,264
3,005	TEXAS ROADHOUSE INC	367,301	311,093
5,300	TEXTRON INC.	426,226	213,721
37,100	THE CHARLES SCHWAB CORPORATION	2,552,480	1,349,266
5,900	THE CIGNA GROUP COM	1,766,755	1,160,787
2,949	THERMO FISHER SCIENTIFIC INC COM	1,565,300	616,547
14,445	TJX COMPANIES INC	1,355,085	950,038
4,700	T-MOBILE US INC	753,551	576,005
10,000	TOWER SEMICONDUCTOR LT	305,200	281,748
21,900	TRUIST FINANCIAL CORP	808,548	702,655
13,034	TWO HBRS INVT CORP COM	181,564	185,286
718	U.S. PHYSICAL THERAPY INC	66,875	42,914
13,027	UBER TECHNOLOGIES INC	802,072	556,769
12,700	UBS GROUP AG	392,430	223,519
2,570	UFP INDUSTRIES INC	322,664	142,814
6,966	UMB FINANCIAL CORP	582,009	460,090
	Forward	$ 158,999,553	$ 115,911,718

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NO. OF SHARES	COMMON STOCK (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 158,999,553	$ 115,911,718
1,390	UNIFIRST CORPORATION	254,245	229,840
8,560	UNITED BANKSHARES INC WEST VA COM	321,428	291,147
1,450	UNITEDHEALTH GROUP INC	763,382	331,980
2,210	UNIVERSAL DISPLAY CORP	422,685	347,165
4,521	URBAN OUTFITTERS INC	161,354	145,773
10,192	US SILICA HOLDINGS INC	115,272	150,419
13,200	V.F. CORPORATION	248,160	242,290
2,584	VERALTO CORP COM SHS	212,560	212,493
9,465	VERINT SYSTEMS INC.	255,839	354,310
3,982	VERISK ANALYTICS INC-CLASS A	951,141	774,820
1,140	VERTEX PHARMACEUTICALS INC	463,855	463,398
5,415	VIAD CORP	196,023	223,127
6,416	VISA INC. CLASS A	1,670,406	1,358,500
8,057	VISHAY INTERTECHNOLOGY INC	193,126	192,686
2,600	VISTEON CORPORATION	324,740	254,747
2,578	WALKER & DUNLOP INC	286,184	219,505
6,398	WALT DISNEY CO/THE	577,675	612,541
1,480	WATTS WATER TECHNOLOGIES-A	308,343	179,725
52,100	WELLS FARGO & CO	2,564,362	1,934,435
10,200	WERNER ENTERPRISES INC	432,174	391,053
17,100	WILLIAMS COS	595,593	375,213
4,795	WINTRUST FINANCIAL CORP	444,736	423,076
3,211	WYNDHAM HOTELS & RESORTS INC	258,197	258,034
2,566	WYNN RESORTS LTD	233,788	255,583
14,557	XEROX HOLDINGS CORP COM	266,830	314,830
3,886	YELP INC	183,963	133,597
5,400	ZIMMER BIOMET HOLDINGS	657,180	631,379
	TOTAL - COMMON STOCK	$ 172,362,794	$ 127,213,384

FACE VALUE	CORPORATE DEBT SECURITIES		
$ 45,000	ABBVIE INC SR GLBL NT 3.2% 11/21/2029	$ 42,066	$ 45,160
40,000	AMERICAN ELEC PWR 5.699% 8/15/2025	40,263	39,821
20,000	ANHEUSER-BUSCH INBEV 5.55% 1/23/2049	21,492	26,014
25,000	ANHEUSER-BUSCH INBEV WLDW 4.35% 06/01/40	23,364	24,984
175,000	ANTHEM INC 3.65% 12/01/2027	169,747	177,433
25,000	AT&T INC 2.75% 06/01/31	21,917	24,960
100,000	AT&T INC GLBL NT 2.55% 12/1/2033	81,502	76,327
186,000	AT&T INC SR 3.5% 09/15/2053	134,982	156,408
74,000	AT&T INC SR 3.65% 09/15/2059	53,035	66,890
50,000	BANK NEW YORK MELLON CORP 10/25/2033	53,008	50,000
	Forward	$ 641,376	$ 687,997

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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 641,376	$ 687,997
$ 125,000	BANK OF AMERICA CORP 4.25% 10/22/2026	122,728	129,087
75,000	BANK OF AMERICA CORP FLTG 12/20/2028	70,645	65,614
100,000	BANK OF AMERICA CORP FLTG 2/13/2031	85,872	76,988
225,000	BARCLAYS PLC 4.836% 05/09/2028	219,699	233,344
200,000	BARCLAYS PLC NT 7.119% 6/27/2034	213,146	197,116
100,000	BAT CAPITAL CORP 2.726% 3/25/2031	83,862	90,456
75,000	BAT CAPITAL CORP 4.39% 8/15/2037	62,800	55,925
160,000	BAT CAPITAL CORP GLBL 4.742% 3/16/2032	153,490	155,973
25,000	BAT CAPITAL CORP SR 5.65% 3/16/2052	22,566	24,126
150,000	BAT CAPITAL CORP SR 6.421% 8/2/2033	156,944	152,921
200,000	BAYER US FINANCE II LLC 4.375% 12/15/2028	190,048	199,448
200,000	BERKSHIRE HATHAWAY ENERG 3.25% 4/15/2028	189,944	199,556
285,000	BK OF AMERICA COR VAR 3/8/2037	250,233	251,411
200,000	BNP PARIBAS 4.25% 10/15/2024	197,698	200,142
200,000	BNP PARIBAS 4.375% 05/12/2026	194,774	204,094
51,022	BNSF RAILWAY CO 3.442% 6/16/2028	48,773	51,022
125,000	BURLINGTON NORTH SANTE FE 3.75% 04/01/24	124,393	133,160
50,000	CAPITAL ONE FINANCIAL CO 3.75% 7/28/2026	47,883	51,984
25,000	CAPITAL ONE FINL CORP VAR 5/10/2028	24,570	25,000
85,000	CAPITAL ONE FINL CORP VAR 5/10/2033	83,405	83,353
25,000	CAPITAL ONE FINL CORP VAR 6/8/2029	25,648	25,000
200,000	CAPITAL ONE FINL CORP VAR 6/8/2034	205,840	201,483
175,000	CHARTER COMM OPT LLC -CAP 5.75% 04/01/48	155,309	172,522
350,000	CHARTER COMM OPT LLC CAP 6.484% 10/23/45	343,914	390,312
190,000	CHARTER COMMUNICATIONS 4.4% 4/1/2033	175,347	170,422
75,000	CHARTER COMMUNICATIONS 5.25% 4/1/2053	62,816	74,475
100,000	CIGNA CORP 4.375% 10/15/2028	99,194	111,418
275,000	CITIGROUP INC 4% 08/05/2024	271,970	284,903
25,000	CITIGROUP INC 6.625% 6/15/32	27,207	31,437
130,000	CITIGROUP INC SR VAR 3/17/2033	116,916	122,475
125,000	CITIGROUP INC SUB VAR 5/25/2034	129,348	125,569
35,000	COCA-COLA CO 3.45% 3/25/2030	33,610	34,883
50,000	COX COMMUNICATIONS 5.7% 6/15/2033	52,011	49,814
225,000	COX COMMUNICATIONS INC 3.85% 2/1/2025	221,189	227,230
75,000	CVS HEALTH CORP 4.125% 4/1/2040	64,401	73,736
40,000	CVS HEALTH CORP 4.3% 3/25/2028	39,322	43,134
50,000	DELL INTL LLC/EMC CORP CR VAR 7/15/2027	51,970	49,951
100,000	DOMINION ENERGY INC 3.375% 4/1/2030	92,062	98,995
50,000	DOMINION ENERGY INC SR 1.45% 4/15/2026	46,346	49,978
102,000	DOW CHEMICAL CO 9.4% 5/15/39	141,861	150,655
125,000	ENEL FINANCE INTL NV 6% 10/7/2039	127,028	125,985
25,000	EXXON MOBIL CORPORATION 2.61% 10/15/2030	22,357	25,000
35,000	EXXON MOBIL CORPORATION 3.452% 4/15/1951	27,456	35,000
50,000	EXXON MOBIL CORPORATION 4.227% 3/19/2040	46,401	51,863
	Forward	$ 5,764,372	$ 5,994,957

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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 5,764,372	$ 5,994,957
$ 50,000	FEDEX CORP 4.25% 5/15/2030	48,858	49,879
50,000	FEDEX CORP 5.25% 5/15/2050	49,765	58,323
250,000	FORD MOTOR CREDIT 6.798% 11/7/2028	261,593	250,000
125,000	GE HEALTHCARE HLDG 5.905% 11/22/2032	133,335	125,000
225,000	GOLDMAN SACHS GROUP INC VAR 3/15/2028	215,807	225,000
50,000	HCA INC 4.125% 06/15/2029	47,806	49,749
50,000	HCA INC 5.25% 06/15/2049	46,479	51,099
250,000	HSBC HLDGS PLC SUB VAR 3/29/2033	232,860	242,332
325,000	HSBC HOLDINGS PLC 2.848% 6/4/2031	279,461	307,936
175,000	HSBC HOLDINGS PLC 6.5% 5/2/2036	185,694	198,686
200,000	IMPERIAL TOB FIN PLC VAR 7/26/2029	186,588	177,110
325,000	IMPERIAL TOBACCO FINANCE 4.25% 7/21/2025	319,179	334,864
100,000	JPMORGAN CHASE & CO 4.25% 10/1/2027	98,909	105,914
150,000	JPMORGAN CHASE & CO FT RT 4/22/2031	129,711	130,859
75,000	JPMORGAN CHASE & CO SR VAR 4/26/2028	73,886	75,227
275,000	JPMORGAN CHASE & CO SUB VAR 9/14/2033	284,543	271,785
75,000	JPMORGAN CHASE & CO VAR 4/26/2033	72,461	72,257
50,000	JPMORGAN CHASE &CO 2.956% 5/13/2031	43,939	41,736
35,000	KINDER MORGAN INC DEL 5.45% 8/1/2052	33,475	31,995
300,000	KINDER MORGAN INC/DELAWA 5.55% 6/1/2045	288,558	323,550
200,000	LLOYDS BANKING GROUP PLC 4.5% 11/4/2024	197,592	203,167
200,000	LLOYDS BANKING GROUP VAR 11/15/2033	228,620	215,854
75,000	MICROCHIP TECHNOLOGY 0.983% 9/1/2024	72,668	75,000
200,000	NATWEST GROUP PLC SR VAR 9/13/2029	205,038	200,000
3,252	NAVIENT PRIV ED LN TR 2.88% 12/16/2058	3,246	3,252
572,411	NAVIENT STUDENT LN TR VAR3/25/2067	562,477	572,411
169,500	NAVIENT STUDENT LN TR VAR 6/25/2065	171,139	173,950
352,565	NAVIENT STUDENT LN VAR 6/27/2067	342,082	342,209
50,000	NEXTERA ENERGY CAP 4.255% 9/1/2024	49,525	50,127
70,000	NEXTERA ENERGY CAP 4.625% 7/15/2027	69,873	69,973
35,000	NEXTERA ENERGY CAP 5.749% 9/1/2025	35,331	34,993
50,000	OCCIDENTAL PETROLEUM COR 2.9% 8/15/2024	49,153	49,935
50,000	ORACLE CORP 3.6% 4/1/2040	39,870	49,866
150,000	ORACLE CORP SR NT 3.95% 3/25/2051	117,461	108,102
50,000	PEMEX PROJ FDG MASTER TR 6.625% 6/15/35	38,348	58,500
225,000	PETEROLEOS MEXICANOS 6.375% 1/23/2045	146,606	232,610
175,000	PETROLEOS MEXICANOS 6.875% 8/4/2026	169,929	191,875
100,000	PETROLEOS MEXICANOS 7.69% 1/23/1950	71,116	68,530
50,000	PHILIP MORRIS INTL INC 5.375% 2/15/2033	51,286	49,897
15,000	PHILIP MORRIS INTL INC 5.625% 11/17/2029	15,729	14,987
15,000	PHILIP MORRIS INTL INC 5.75% 11/17/2032	15,742	14,987
475,000	PROSUS N V FR 3.061% 7/13/2031	383,672	448,563
400,000	PROSUS N V SR NT 4.987% 1/19/2052	300,648	338,000
25,000	RELX CAPITAL INC SR 4.75% 5/20/2032	25,197	24,780
	Forward	$ 12,159,627	$ 12,709,826

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FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 12,159,627	$ 12,709,826
$ 130,000	ROYAL BK SCOTLAND 5.125% 5/28/24	129,355	139,125
35,000	RTX CORPORATION SR 6.00% 3/15/2031	37,285	34,977
30,000	RTX CORPORATION SR 6.1% 3/15/2034	32,558	29,944
50,000	SCHWAB CHARLES CORP SR VAR 11/17/2029	52,433	50,000
30,000	SCHWAB CHARLES CORP SR VAR 5/19/2029	30,774	30,000
75,000	SCHWAB CHARLES CORP SR VAR 8/24/2034	79,056	76,206
15,000	SCHWAB CHARLES CORP VAR 5/19/2034	15,484	15,000
923,063	SLM STUDENT LOAN TR VAR 10/25/2064	892,397	912,980
1,046	SMALL BUSINESS ADMIN 4.72% 2/1/2024	1,044	1,046
2,841	SMALL BUSINESS ADMIN 5.87% 5/1/2026	2,820	2,956
7,877	SMALL BUSINESS ADMIN ABS 5.82% 6/1/2026	7,748	8,177
151,585	SMB PRIV EDU LN TR 5.67% 11/15/2052	152,311	151,546
79,110	SMB PVT ED LN TR 2022-D 5.37% 10/15/2058	78,704	79,098
200,000	SOUTHERN CO 3.7% 4/30/2030	188,422	194,957
50,000	SOUTHERN CO JR SB GLBL 4.475% 8/1/2024	49,586	50,227
75,000	SOUTHERN CO JR SB GLBL 5.113% 8/1/2027	76,011	75,340
75,000	SOUTHERN CO SR NT 4.85% 6/15/2028	75,552	74,886
40,000	T MOBILE USA INC SR 2.55% 2/15/2031	34,452	33,995
200,000	T MOBILE USA INC SR 3.875% 4/15/2030	189,660	207,490
100,000	T MOBILE USA INC SR 4.375% 4/15/2040	90,228	98,025
125,000	TIME WARNER CABLE INC 6.75% 6/15/2039	123,979	135,126
335,000	TRANS-CANADA PIPELINES 4.1% 4/15/2030	318,655	335,792
200,000	UBS GROUP AG VAR 01/12/2034	206,810	204,395
35,000	UNITED PARCEL SERVICE 5.2% 4/1/2040	36,364	34,832
50,000	UNITEDHEALTH GROUP INC 4.2% 5/15/2032	48,927	50,215
20,000	UNITEDHEALTH GROUP INC 4.75% 5/15/2052	19,227	19,820
25,000	VERIZON COMMUNICATIONS INC 2.55% 3/21/31	21,556	19,619
35,000	VMWARE INC SR 1.40% 08/15/2026	32,014	34,941
55,000	WALT DISNEY COMPANY 6.65% 11/15/2037	64,599	75,579
150,000	WELLS FARGO & CO 3/2/2033	131,013	127,975
45,000	WELLS FARGO & CO SR NT VAR 7/25/2033	43,838	45,000
50,000	WELLS FARGO & CO SR VAR 4/24/2034	50,217	50,712
125,000	WELLS FARGO & COMPANY 4.3% 7/22/2027	122,344	129,892
	TOTAL - CORPORATE DEBT SECURITIES	$ 15,595,050	$ 16,239,699
	GOVERNMENT DEBT SECURITIES		
$ 75,000	CALIFORNIA ST 7.3% 10/01/2039	$ 90,674	$ 95,666
85,000	CALIFORNIA ST 7.5% 04/01/34	103,148	96,507
17,832	FHLMC GLD REMIC 6.82% 12/15/2043	17,625	20,067
48,080	FHLMC GLD PL #G01767 6.500% 12/1/2032	50,250	49,750
4,031	FHLMC GLD PL #H09070 6.5% 9/1/2037	4,087	4,087
	Forward	$ 265,784	$ 266,077

IBEW LOCAL 595 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6279541; PLAN NO. 001
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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 265,784	$ 266,077
$ 23,953	FHLMC GLD PL #Q03086 4.5% 9/1/2041	23,931	25,474
24,200	FHLMC GOLD POOL #C9-1925 3.5% 4/1/2037	23,103	25,293
29,594	FHLMC GOLD POOL #G0-7074 5.5% 1/1/2040	30,376	33,506
44,220	FHLMC GOLD POOL #G0-7628 4.5% 2/1/2044	43,950	47,859
229,054	FHLMC GOLD POOL #G6-0764 4.5% 10/1/2042	229,090	249,589
8,014	FHLMC GOLD POOL #H0-9098 6.5% 10/1/2037	8,127	12,360
22,631	FHLMC GOLD POOL #V8-3115 4.5% 3/1/2047	22,426	24,642
132,927	FHLMC GOLD POOL #V8-3204 4.5% 5/1/2047	130,933	145,219
8,294	FHLMC PL #849096 10/1/2041	8,456	8,636
4,455	FHLMC PL #849256 FLTG 7/1/2043	4,481	4,710
18,223	FHLMC PL #849505 FLTG 10/1/2044	18,536	19,995
773,312	FHLMC POLL #SD-1000 3.00% 4/1/2052	689,577	733,010
9,704	FHLMC POOL #2B-1332 VAR 4/1/2043	9,648	10,011
24,926	FHLMC POOL #2B-5468 VAR 7/1/2046	25,444	25,870
268,304	FHLMC POOL #84-1463 VAR 7/1/2052	232,292	250,911
655,192	FHLMC POOL #84-1477 4.226% 9/1/2052	633,796	634,308
123,518	FHLMC POOL #84-9631 VAR 2/1/2045	122,360	126,264
3,703	FHLMC POOL #84-9849 VAR 10/1/2045	3,776	3,940
1,264,063	FHLMC POOL #SC-0368 2.5% 9/1/2042	1,123,831	1,127,386
148,099	FHLMC POOL #SD-1546 3.5% 8/1/2052	136,552	131,258
728,980	FHLMC POOL #SD-1581 2.5% 9/1/2052	620,430	624,129
300,573	FHLMC POOL #SD-2253 3.5% 12/1/2052	275,634	257,788
194,367	FHLMC POOL #SD-4139 3.5% 3/1/2053	178,271	172,934
424,000	FHLMC POOL #SD-4518 3.5% 8/1/2053	388,888	386,171
696,986	FHLMC POOL #SD-7526 2.5% 10/1/2050	603,219	727,907
446,498	FHLMC POOL #SD-8207 3.5% 4/1/2052	409,313	388,540
264,735	FHLMC REMIC SERIES 3.00% 7/25/2041	237,685	232,129
24,138	FHLMC REMIC SERIES 4.5% 3/15/2044	23,828	27,504
48,792	FHLMC REMIC SERIES 5.00% 2/15/2035	48,976	54,589
32,138	FHLMC REMIC SERIES VAR 7/25/2032	31,281	34,287
644,342	FHLMC UMBS POOL #RA-7127 3.5% 4/1/2052	593,097	634,828
480,910	FHLMC UMBS POOL#RA-3167 2.00% 7/1/2050	400,884	504,094
7,684	FHLMC UMBS POOL#ZI-8701 6.00% 4/1/2039	7,972	8,525
7,883	FNMA PL #256851 7% 08/01/2037	8,263	8,305
16,384	FNMA PL #735415 6.50% 12/1/2032	17,112	17,171
27,816	FNMA PL #AB1763 4% 11/01/2030	27,277	30,018
29,382	FNMA PL #MA2055 4% 10/01/2034	28,758	31,751
20,840	FNMA PL #MA2962 3.5% 04/01/37	19,882	21,755
27,298	FNMA POOL #AL1417 VAR 11/1/2038	27,870	30,461
1,155	FNMA POOL #AL4147 4.5% 1/1/2025	1,149	1,308
11,271	FNMA POOL #AL4657 VAR 1/1/2044	11,272	14,133
5,636	FNMA POOL #AL4980 VAR 2/1/2044	5,731	5,899
38,927	FNMA POOL #AL5145 4.00% 10/1/2033	38,100	41,994
58,258	FNMA POOL #AL5362 5.00% 9/1/2039	59,196	64,983
	Forward	$ 7,850,557	$ 8,227,521

IBEW LOCAL 595 PENSION PLAN
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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 7,850,557	$ 8,227,521
$ 30,319	FNMA POOL #AL7054 4.00% 7/1/2035	29,627	32,533
17,464	FNMA POOL #AL7384 4.5% 9/1/2045	17,333	19,316
6,341	FNMA POOL #AL8301 VAR 4/1/2046	6,494	6,570
14,500	FNMA POOL #AL8486 VAR 4/1/2045	14,801	15,249
23,675	FNMA POOL #AL8816 4.5% 9/1/2045	23,497	25,965
28,305	FNMA POOL #AL9063 3.5% 2/1/2031	27,589	30,688
13,040	FNMA POOL #AL9128 4.5% 2/1/2046	12,979	14,452
13,151	FNMA POOL #AL9407 4.5% 9/1/2042	13,005	14,545
12,198	FNMA POOL #BA3527 VAR 12/1/2045	12,487	15,247
70,872	FNMA POOL #BH5298 VAR 6/1/2047	71,448	73,421
75,966	FNMA POOL #BH5311 VAR 7/1/2047	76,500	78,734
79,383	FNMA POOL #BM1687 4.00% 1/1/2047	75,748	82,824
28,648	FNMA POOL #BM5704 5.00% 12/1/2048	28,876	30,499
788,528	FNMA POOL #FM4714 2.5% 10/1/2050	680,352	840,218
409,943	FNMA POOL #FM7599 3.5% 1/1/2051	380,223	406,838
178,272	FNMA POOL #FM8206 2.5% 8/1/2051	153,258	186,280
451,988	FNMA POOL #FM9868 2.5% 12/1/2051	388,356	461,295
221,693	FNMA POOL #FS0374 2.5% 1/1/2052	190,413	219,498
200,331	FNMA POOL #FS1083 2.5% 3/1/2052	172,034	193,778
258,658	FNMA POOL #FS6136 2.5% 3/1/2043	229,964	209,513
568,350	FNMA POOL #MA4600 3.5% 5/1/2052	521,461	518,974
1,657,497	FNMA POOL #MA4625 3.5% 6/1/2052	1,520,753	1,487,344
26,519	FNMA REMIC 2001-79 7.000% 3/25/2045	27,036	27,929
56,063	FNMA REMIC 2001-T4 7.500% 7/25/2028	56,845	59,291
22,301	FNMA REMIC 2003-W2 6.500% 7/25/2042	22,591	24,300
10,245	FNMA REMIC 2009-11 7.0% 3/25/2049	10,961	11,390
42,381	FNMA REMIC TRUST 7.5% 10/25/2042	43,110	48,490
68,681	FNMA UMBS POOL #731243 5.5% 8/1/2033	70,720	78,941
18,348	FNMA UMBS POOL #AE6799 4.5% 11/1/2030	18,193	20,048
43,936	FNMA UMBS POOL #AS9760 4.5% 6/1/2047	43,483	47,907
19,336	FNMA UMBS POOL #BN5247 5.00% 2/1/2049	19,484	20,356
476,415	FNMA UMBS POOL #BR2208 2.00% 8/1/2041	407,707	406,553
453,106	FNMA UMBS POOL #CA7728 2.5% 11/1/2050	390,238	484,572
653,010	FNMA UMBS POOL #CA8099 2.00% 12/1/2050	543,222	685,648
124,293	FNMA UMBS POOL #CA8440 2.00% 1/1/2051	103,396	129,951
555,830	FNMA UMBS POOL #CA8847 2.00% 2/1/2051	462,294	581,641
805,626	FNMA UMBS POOL #CB3594 3.5% 5/1/2052	743,064	786,688
650,857	FNMA UMBS POOL #CB3595 3.5% 5/1/2052	599,094	608,344
356,463	FNMA UMBS POOL #CB4079 3.5% 7/1/2052	331,176	345,642
20,291	FNMA UMBS POOL #MA3617 5.00% 3/1/2049	20,323	21,736
263,684	GNMA REMIC TRUST 11/20/2067	257,961	259,050
3,884	HLMC PL # 849254 FLTG 1/1/2042	3,982	4,054
200,000	ILLINOIS ST 5.100% 6/01/33	197,888	190,373
	Forward	$ 16,870,523	$ 18,034,206

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	CARRY VALUE
	Forwarded	$ 16,870,523	$ 18,034,206
$ 115,000	LOS ANGELES CALIF 6.758% 5.75% 7/01/34	129,897	122,922
50,000	LOS ANGELES CALIF UNI SCH 5.75% 7/01/34	53,080	52,429
175,000	NEW JERSEY ST TPK AUTH 7.102% 1/1/2041	211,556	229,425
50,000	UNIV CALIF REGTS MED 4.563% 5/15/2053	46,652	50,000
75,000	UNIVERSITY OF CA RGTS 3.006% 5/15/2050	53,093	49,388
227,713	U.S. TREASURY 1.5% 2/15/2053	206,197	197,275
325,000	U.S. TREASURY NOTE 4.5% 9/30/2028	335,462	320,392
2,084,000	U.S.TREASURY NOTE 4.375% 11/30/2030	2,142,936	2,134,056
1,420,000	US TREASUR BOND 4.125% 8/15/2053	1,435,308	1,284,554
275,000	US TREASURY BOND 3.625% 5/15/2053	254,246	245,158
590,000	US TREASURY NOTE 3.5% 4/30/2028	580,619	578,177
695,000	US TREASURY NOTE 3.75% 6/30/2030	688,759	683,533
290,000	US TREASURY NOTE 3.875% 8/15/2033	289,638	272,238
657,000	US TREASURY NOTE 4.5% 7/15/2026	663,110	657,693
295,000	US TREASURY NOTE 4.875% 10/31/2028	307,930	300,693
	TOTAL - GOVERNMENT DEBT SECURITIES	$ 24,269,006	$ 25,212,139

NO. OF SHARES	LIMITED LIABILITY CORPORATION/LIMITED PARTNERSHIPS		
178,254	FORT WASHINGTON HIGH YIELD LLC	$ 54,772,235	$ 38,931,307
4,441	FIRST EAGLE GLOBAL VALUE FUND LP	14,954,062	8,431,978
23,729	BOYD WATTERSON GSA FUND LP	26,336,451	26,006,741
21,831	BOYD WATTERSON STATE GOVERNMENT FUND LP	24,373,468	22,847,340
	CORBIN ERISA OPPORTUNITY FUND LP	38,068,058	27,566,041
	WCM INTERNATIONAL SMALL CAP GROWTH FUND LP	12,650,464	8,454,120
	WACAP O DIRECT LENDING FUND UNLEVERED FEEDER LLC	2,482,716	2,389,422
	HAMILTON LANE SECONDARY FEEDER FUND V-A LP	19,359,009	15,374,117
	HAMILTON LANE SECONDARY FUND VI-A LP	1,482,809	34,109
	WACAP SP INFRASTRUCTURE FUND IV FEEDER LLC	6,160,275	5,129,062
	TOTAL - LIMITED LIABILITY CORPORATION/ LIMITED PARTNERSHIPS	$ 200,639,547	$ 155,164,237
	103-12 INVESTMENT ENTITY		
626,583	WASHINGTON CAPITAL JOINT MASTER TRUST REAL ESTATE EQUITY FUND	$ 58,078,753	$ 37,804,969

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NO. OF SHARES	COMMON/COLLECTIVE TRUSTS	FAIR VALUE	CARRY VALUE
1,204,638	SIERRA FRANKLIN EAFE PLUS EQUITY TRUST	$ 29,537,731	$ 22,586,954
723,133	VICTORY TRIVALENT INTERNATIONAL SMALL CAP COLLECTIVE FUND	12,533,566	8,779,202
	TOTAL - COMMON/COLLECTIVE TRUSTS	$ 42,071,297	$ 31,366,156
	MONEY MARKET MUTUAL FUND		
8,788,516	GOLDMAN SACHS FS GOVERNMENT FUND	$ 8,788,516	$ 8,788,182

Attachment to: 2023 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Type of Base		Description	Date Established	Beginning Of Year Balance	Remaining Period	Payment
Charges	3	Plan Amendment	2/1/1995	$ 2,146,485	2.08	$ 1,069,688
	3	Plan Amendment	2/1/1996	52,793	3.08	18,361
	4	Assumption Change	2/1/1996	407,604	3.08	141,757
	3	Plan Amendment	2/1/1997	1,929,051	4.08	523,165
	4	Assumption Change	2/1/1998	2,922,569	5.08	657,341
	3	Plan Amendment	2/1/1998	12,511,125	5.08	2,813,992
	3	Plan Amendment	2/1/1999	289,760	6.08	56,207
	4	Assumption Change	2/1/2000	336,959	7.08	57,918
	3	Plan Amendment	2/1/2000	4,256,163	7.08	731,561
	3	Plan Amendment	2/1/2001	2,964,354	8.08	460,496
	3	Plan Amendment	2/1/2002	2,182,902	9.08	311,124
	4	Assumption Change	2/1/2002	2,442,783	9.08	348,164
	3	Plan Amendment	2/1/2003	670,049	10.08	88,664
	4	Assumption Change	2/1/2003	6,767,656	10.08	895,527
	3	Plan Amendment	2/1/2004	541,315	11.08	67,138
	4	Assumption Change	2/1/2004	5,503,859	11.08	682,625
	3	Plan Amendment	2/1/2005	392,304	12.08	45,962
	3	Plan Amendment	2/1/2006	861,178	13.08	95,933
	3	Plan Amendment	2/1/2007	1,604,981	14.08	170,931
	3	Plan Amendment	2/1/2007	430,139	14.08	45,810
	3	Plan Amendment	2/1/2007	1,153,673	14.08	122,867
	4	Assumption Change	2/1/2008	69,892	0.08	69,892
	1	Experience Loss	2/1/2009	383,229	1.08	355,791
	8	Eligible Net Investment Loss	2/1/2009	79,611,378	15.08	8,144,074
	8	Eligible Net Investment Loss	1/1/2010	5,348,575	15.08	547,148
	8	Eligible Net Investment Loss	1/1/2011	5,390,985	15.08	551,487
	8	Eligible Net Investment Loss	1/1/2012	3,660,579	15.08	374,469
	1	Experience Loss	1/1/2012	10,367,921	4.00	2,860,656
	4	Assumption Change	1/1/2014	5,925,204	6.00	1,161,760
	1	Experience Loss	1/1/2015	4,207,701	7.00	729,676
	1	Experience Loss	1/1/2016	14,062,873	8.00	2,201,007
	4	Assumption Change	1/1/2016	8,030,531	8.00	1,256,873
	1	Experience Loss	1/1/2017	7,281,150	9.00	1,044,447
	1	Experience Loss	1/1/2018	6,591,700	10.00	877,112
	1	Experience Loss	1/1/2019	7,908,458	11.00	985,652
	4	Assumption Change	1/1/2020	9,589,322	12.00	1,128,332
	1	Experience Loss	1/1/2023	1,206,374	15.00	123,788
	3	Plan Amendment	1/1/2023	786,165	15.00	80,670
				$ 220,789,739		$ 31,898,065

Attachment to: 2023 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

(CONTINUED)

Type of Base		Description	Date Established	Beginning Of Year Balance	Remaining Period	Payment
Credits	4	Assumption Change	2/1/2001	$ (224,583)	8.08	$ (34,888)
	1	Experience Gain	2/1/2008	(127,471)	0.08	(127,471)
	4	Assumption Change	1/1/2010	(1,568,561)	2.00	(810,800)
	1	Experience Gain	1/1/2010	(15,315,647)	2.00	(7,916,784)
	1	Experience Gain	1/1/2011	(1,998,695)	3.00	(711,781)
	1	Experience Gain	1/1/2013	(4,837,552)	5.00	(1,102,649)
	1	Experience Gain	1/1/2014	(1,125,989)	6.00	(220,774)
	1	Experience Gain	1/1/2020	(1,376,499)	12.00	(161,967)
	1	Experience Gain	1/1/2021	(17,059,103)	13.00	(1,907,604)
	1	Experience Gain	1/1/2022	(21,452,479)	14.00	(2,292,507)
				$ (65,086,579)		$ (15,287,225)

Attachment to: 2023 Schedule MB (Form 5500), Line 11
Plan Name: IBEW Local 595 Pension Plan
Employer ID Number: 94-6279541
Plan Number: 001

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The current liability interest rate was changed from 2.22% to 2.55% to be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.