

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1970
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL UNION 106 IBEW 322 JAMES AVE JAMESTOWN, NY 14701-9680
2b	Employer Identification Number (EIN) 23-7091957
2c	Plan Sponsor's telephone number 716-484-9449
2d	Business code (see instructions) 525100

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.	04/03/2025	KENT JOESEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/03/2025	DAVID PAINTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 190
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 156 6a(2) 157 6b 32 6c 6d 189 6e 6f 189 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 26

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

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

4A 4B 4D 4E 4F 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	501
I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
LOCAL UNION 106 IBEW	23-7091957	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
HIGHMARK NEW YORK					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1105741	55204	286110	23	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4717	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WALSH DUFFIELD CO., INC. 801 MAIN STREET BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4717	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☒ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	125792
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 23-7091957	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1105741	55204	282283	409	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 43951	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WALSH DUFFIELD CO., INC. 801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43951	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☒ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2284802
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 23-7091957	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00356548	168	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
8640	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WALSH DUFFIELD COMPANIES INC. 801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8640	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **AD&D**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	173768
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 23-7091957

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

No
- b

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

(b)

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

(b)

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

(b)

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

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

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)

WELLTH ADVISORY SERVICES

99-2539506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	17102		Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

BUFFAMANTE, WHIPPLE, BUTTAFARO, PC

16-1117932

(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	11000		Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

USI

06-1053228

(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	5700		Yes ☐ No ☒	Yes ☐ No ☐	0	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)

NOTTINGHAM ADVISORS

16-1133372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	5637		Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

BLITMAN & KING LLP

16-1047304

(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	5452		Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

CREIGHTON, JOHNSEN & GIROUX

16-1158060

(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	1122		Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 07/01/2023 and ending 06/30/2024		
A Name of plan I.B.E.W. LOCAL NO. 106 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW		
		D Employer Identification Number (EIN) 23-7091957

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	391614	150848
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	379176	345842
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	218879	237811
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	206428	660543
(2) U.S. Government securities	1c(2)	2023243	2140131
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	491959	356228
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2626127	3204368
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	664730	683456

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7002156	7779227
Liabilities			
g Benefit claims payable	1g	39616	45588
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1218375	1321243
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1257991	1366831
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5744165	6412396

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2911669	
(B) Participants	2a(1)(B)	230635	
(C) Others (including rollovers)	2a(1)(C)	471825	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3614129
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	424	
(B) U.S. Government securities	2b(1)(B)	23691	
(C) Corporate debt instruments	2b(1)(C)	17657	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	51913	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93685
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	93916	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		93916
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	426572	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	425127	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1445
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		404394
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4207569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	386610	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2672094	
(3) Other	2e(3)	324200	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3382904
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)	64551	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	11000	
(5) Investment advisory and investment management fees	2i(5)	12618	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5700	
(8) Legal fees	2i(8)	6574	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	55991	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		156434
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3539338

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		668231
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BUFFAMANTE, WHIPPLE, BUTTAFARO, PC**

(2) EIN: **16-1117932**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
I.B.E.W. Local Union #106
Health and Welfare Fund
Jamestown, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of ***I.B.E.W. Local Union #106 Health and Welfare Fund***, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ***I.B.E.W. Local Union #106 Health and Welfare Fund's*** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 ***I.B.E.W. Local Union #106 Health and Welfare Fund*** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ***I.B.E.W. Local Union #106 Health and Welfare Fund's*** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 *I.B.E.W. Local Union #106 Health and Welfare Fund's* internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about *I.B.E.W. Local Union #106 Health and Welfare Fund's* ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes and schedule of reportable transactions as of and for the year ended June 30, 2024 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Buffamante Whipple Buttafaro P.C.

BUFFAMANTE WHIPPLE BUTTAFARO, P.C.

Jamestown, New York
March 14, 2025

***I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND***

***REPORT ON AUDITED
FINANCIAL STATEMENTS***

***YEARS ENDED
JUNE 30, 2024 AND 2023***

**I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND**

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***I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND***

JUNE 30, 2024

TRUSTEES

Employer

Dana Jennings
David Painter
Philip Binkiwitz

Employee

Kent Joesel
Daniel Ekstrom
Dean Roe

INVESTMENT CUSTODIAN

Wilmington Trust
Buffalo, New York

Empower Retirement
Greenwood Village, Colorado

INVESTMENT ADVISORS

Strategic Retirement Partners
Buffalo, New York

LEGAL COUNSEL

Blitman and King, LLP
Rochester, New York

AUDITORS

Buffamante Whipple Buttafaro, P.C.
Jamestown, New York

ACTUARY

USI Consulting Group
Pittsburgh, Pennsylvania

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
I.B.E.W. Local Union #106
Health and Welfare Fund
Jamestown, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of ***I.B.E.W. Local Union #106 Health and Welfare Fund***, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ***I.B.E.W. Local Union #106 Health and Welfare Fund's*** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 ***I.B.E.W. Local Union #106 Health and Welfare Fund*** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ***I.B.E.W. Local Union #106 Health and Welfare Fund's*** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 *I.B.E.W. Local Union #106 Health and Welfare Fund's* internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about *I.B.E.W. Local Union #106 Health and Welfare Fund's* ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes and schedule of reportable transactions as of and for the year ended June 30, 2024 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Buffamante Whipple Buttafaro P.C.

BUFFAMANTE WHIPPLE BUTTAFARO, P.C.

Jamestown, New York
March 14, 2025

I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Page 4

As of June 30,	2024	2023
Assets:		
Investments, at fair value:		
Cash equivalents	\$ 660,543	\$ 206,428
United States government and municipal securities	2,140,131	2,023,243
Corporate bonds and fixed income investments	356,228	491,959
Fixed income mutual funds	691,444	604,034
Equity mutual funds	2,512,924	2,022,093
	<u>6,361,270</u>	<u>5,347,757</u>
Stable value funds, at contract value	683,456	664,730
Total investments	7,044,726	6,012,487
Receivables and other:		
Participating employers' contributions	345,842	379,176
Prepaid insurance	206,842	191,706
Accrued interest	23,819	20,023
Due from other funds	7,150	7,150
	<u>583,653</u>	<u>598,055</u>
Total receivables and other	583,653	598,055
Cash - non-interest bearing	150,848	391,614
Total assets	7,779,227	7,002,156
Liabilities:		
Accounts payable	45,588	39,616
HRA liability	1,321,243	1,218,375
	<u>1,366,831</u>	<u>1,257,991</u>
Total liabilities	1,366,831	1,257,991
Net assets available for benefits	\$ 6,412,396	\$ 5,744,165

See accompanying independent auditor's report and notes to financial statements.

**I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

Page 5

Years ended June 30,	2024	2023
Additions to net assets attributed to:		
Contributions:		
Participating employers	\$ 2,911,669	\$ 2,559,343
Participants	230,635	200,525
Reciprocity revenue and other	471,825	497,169
Total contributions	3,614,129	3,257,037
Investment income:		
Net appreciation in fair value of investments	405,839	177,553
Interest and dividends	187,601	154,777
Investment income before expenses	593,440	332,330
Less investment expenses	12,618	12,531
Net investment income	580,822	319,799
Total additions	4,194,951	3,576,836
Deductions from net assets attributed to:		
Benefits paid to participants:		
Healthcare	371,250	345,808
Disability and death benefits	15,360	14,476
Total benefits	386,610	360,284
Insurance and claims expense	2,672,094	2,346,506
Reciprocity expense	324,200	316,816
Administrative expense	143,816	148,904
Total deductions	3,526,720	3,172,510
Net increase	668,231	404,326
Net assets available for benefits, beginning of year	5,744,165	5,339,839
Net assets available for benefits, end of year	\$ 6,412,396	\$ 5,744,165

See accompanying independent auditor's report and notes to financial statements.

**I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

Page 6

As of June 30,	2024	2023
Obligations for current benefit coverage, at present value of estimated amounts:		
Accumulated eligibility credits	\$ 1,839,254	\$ 1,517,055
Long-term disability benefits	15,337	27,637
Total obligations other than postretirement benefit obligations	1,854,591	1,544,692
Postretirement benefit obligations:		
Current retirees	861,639	904,301
Other participants fully eligible for benefits	1,545,392	1,467,675
Other participants not yet fully eligible for benefits	1,318,664	1,381,622
Total postretirement benefit obligations	3,725,695	3,753,598
Total benefit obligations	\$ 5,580,286	\$ 5,298,290

See accompanying independent auditor's report and notes to financial statements.

I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

Page 7

Years ended June 30,	2024	2023
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	\$ 1,544,692	\$ 1,484,596
Net change during year:		
Long-term disability benefits	(12,300)	(13,123)
Other	322,199	73,219
Total obligations other than postretirement benefit obligations	1,854,591	1,544,692
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	3,753,598	3,414,617
Changes during year attributable to:		
Change in actuarial assumptions	24,632	(40,051)
Benefits earned	(20,319)	350,546
Interest	217,718	199,739
Benefits reclassified to amounts currently payable	(249,934)	(171,253)
Balance at end of year	3,725,695	3,753,598
Total benefit obligations at end of year	\$ 5,580,286	\$ 5,298,290

See accompanying independent auditor's report and notes to financial statements.

**I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023**

Page 8

NOTE 1 - DESCRIPTION OF PLAN

The following description of the ***I.B.E.W. Local Union #106 Health and Welfare Fund*** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

General. The Plan provides fully insured health and other benefits covering union participants in the electrical contracting industry in the Western New York area. The Plan and related trust were established on July 1, 1970, pursuant to a collective bargaining agreement between the electrical contractors association and the Local Union #106. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits. The Plan provides insurance coverage for health benefits (basic medical, basic hospital, major medical, prescription drug coverage, vision and dental), life insurance coverage, short-term disability benefits, and death benefits to full-time participants (with at least 300 hours of work in the industry during a consecutive three-month period) and to their beneficiaries and covered dependents. Retired employees are entitled to similar health benefits (in excess of Medicare coverage) provided they have attained at least age fifty-five and have fifteen thousand hours of service with participating employers before retirement.

The Plan also provides insured health benefits and life insurance coverage to participants during periods of unemployment, provided they have accumulated in the current year or in prior years credit amounts (expressed in hours) in excess of the hours required for current coverage. Accumulated eligibility credits up to 900 excess hours may be carried forward. The Plan also funds a Health Reimbursement Account with reimbursement up to \$3,250 effective January 1, 2021 per year. Amounts remaining at year end can be carried over to the next year up to \$10,000. The employer is not permitted to refund any part of the balance to the employee; the account cannot be used for anything other than reimbursement for qualified medical expenses; and remaining amounts are not portable upon termination once the employee leaves the employer.

Contributions. Participating employers contribute \$11.05 per hour worked effective January 1, 2024 (\$10.74 effective January 1, 2023 and \$10.45 effective January 1, 2022) pursuant to the current collective bargaining agreement between employers and the union. Retirees may continue basic medical coverage with the participant paying a portion of the cost (75-100%), depending on their year of retirement.

Other. The Plan's board of trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active and retired employees. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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 could differ from those estimates.

Cash Deposits

In the normal course of business, the fund periodically maintains cash account balances with banks that exceed the FDIC guaranteed limit.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value except for fully-responsive investment contract, which is reported at contract value. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the exchange market and listed securities which no sale was reported are valued at the average of the last reported bid and asked prices. Dividends and capital gains from mutual funds are recorded on the trade date. Net appreciation (depreciation) in fair value of investments include the Plan's gains and losses on investments bought and sold as well as held during the year.

Health Reimbursement Arrangement

Included in the accompanying statement of changes in net assets available for benefits are amounts available to reimburse participants for qualifying medical expenses as of June 30, 2024 and 2023, totaling \$1,321,243 and \$1,218,375, respectively. No amounts were reported for claims incurred before plan year-end that were submitted after year-end relating to 2024 and 2023, respectively.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to June 30. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023

Page 9

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Postretirement Benefits (continued)

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical data to estimate future annual costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. For measurement purposes at June 30, assumed pre-medicare health care cost trends of 5.75% in 2024, with rates decreasing until 2075 to 4.04% and remaining thereafter. Post-medicare trend rates assumed to be 4.71% in 2024 with rates fluctuating between 4.04% and 5.75% until 2075, and remaining at 4.04% thereafter.

Actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the expected postretirement benefit obligation.

The following were other significant assumptions used in the valuations as of June 30, 2024 and 2023.

Weighted-average discount rate

6.0%

Retirement

2.5% per year from ages 55 through 56, 5% per year from ages 57 through 58, 25% at ages 59 through 60, 40% at age 61, 60% at age 62, 30% at ages 63 through 64, and 100% per year thereafter.

Mortality

Healthy lives – Pri-2012 Blue Collar Account-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors.

Disabled lives – Pri-2012 Total Dataset Disabled Account-Weighted Mortality Projected with Scale MP-2021.

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

Changes in actuarial assumptions

Changes in actuarial assumptions were primarily related to updated health care costs trends tables. Also, the plan utilization was removed from expected HRA balance at retirement since HRA accounts can be used even if coverage is not elected. Furthermore, the actuary assumed \$3,250 per year increase in HRA balances for retirees who elected coverage and are below age 65.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Other Plan Benefits

Plan obligations at June 30 for accumulated eligibility of participants and for future disability payments to members considered permanently disabled at June 30 are estimated by the plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value, based on a 6.0% discount rate.

Subsequent Events

Subsequent events were evaluated by management through March 14, 2025, which is the date that the financial statement were available to be issued.

NOTE 3 - INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian (Wilmington Trust) of the Plan.

	2024	2023
Investments	\$ 6,361,270	\$ 5,347,757
Accrued interest	23,819	20,023
Interest and dividends	168,875	143,130
Net appreciation in fair value of investments	405,839	177,553

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian (Empower Annuity Insurance Company) of the Plan.

	2024	2023
Investments	\$ 683,456	\$ 664,730
Interest and dividends	18,726	11,647

NOTE 4 - BENEFIT OBLIGATIONS

The weighted - average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase the obligation as of June 30, 2024 and 2023, by \$57,999 and \$59,444, respectively. If the assumed rates decreased by one percentage point each year, it would decrease the obligation as of June 30, 2024 and 2023, by \$51,713 and \$53,132, respectively.

**I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
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NOTE 5 – INCOME TAXES

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c) 9 of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan administrator and the Plan's counsel believe that the trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code. Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's Form 5500 is subject to examination by the Internal Revenue Service. The last three Plan years remain open for examination.

NOTE 6 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

In addition to the Health and Welfare Plan, I.B.E.W. Local Union #106 maintains a general fund and separate funds including Pension, Annuity, and Joint Apprenticeship and Training funds.

Administrative services are paid through an administrative account and each fund is billed monthly for expenses specifically applicable to it. Subsequently, within each fund, expenses are allocated to the appropriate expense classification. The remaining amount in administrative expenditures represents office wages and related payroll expense. The Plan's reimbursements to this account for expenses amounted to \$101,123 and \$104,697 for the years ended June 30, 2024 and 2023, respectively. The amounts owed to this administrative account at June 30, 2024 and 2023 are \$8,984 and \$9,139, respectively and are reflected in accounts payable.

The Plan leased space from the Local Union #106 Building Corporation for a one-year term ending December 31, 2023 at \$1,186 per month. The lease agreement was renewed for a twelve month term ending December 31, 2024. Rent expense was \$14,232 and \$14,232 for both years ended June 30, 2024 and 2023.

Also, certain plan investments are sponsored by the plan custodian, Wilmington Trust. Investments held by Wilmington Trust that are considered party-in-interest transactions under ERISA amounted to \$660,543 and \$206,428 at June 30, 2024 and 2023, respectively. Investments held by Empower Annuity Insurance Company that are considered party in interest transactions under ERISA amounted to \$683,456 and \$664,730 at June 30, 2024 and 2023, respectively.

NOTE 6 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan incurred \$6,981 and \$7,075 related to investment expenses to Wilmington Trust during the years ended June 30, 2024 and 2023, respectively. The Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - DUE FROM OTHER FUNDS

The Health and Welfare Fund advanced \$7,150 to an administrative account to supplement cash flow. Funds advanced are non-interest bearing.

NOTE 8 - RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan's investments include benefit-responsive guaranteed investment contracts with Empower Annuity Insurance Company (Empower). The contracts are held by the Empower Guaranteed Deposit Account (GDA). Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

I.B.E.W. LOCAL UNION #106
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NOTE 9 – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contracts or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, with a minimum credited rate of 0%. Such rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Empower. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from the contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

NOTE 10 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits, except for the Plan's guaranteed investment contract. The methods used to measure fair value may produce an amount that may 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. FASB ASC 820-10-50, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs on the hierarchy consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of quoted prices in active markets for similar assets or liabilities or quoted prices in inactive markets for identical or similar assets or liabilities. Level 3 inputs on the hierarchy are unobservable and significant to the fair value measurement, and have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. As of June 30, the Plan's investments measured at fair value consisted of the following instruments and classifications within the fair value hierarchy.

	Quoted Prices in Active Markets for Identical Assets (Level 1) June 30, 2024	Quoted Prices in Active Markets for Identical Assets (Level 1) June 30, 2023
Cash equivalents	\$ 660,543	\$ 206,428
U.S. government and municipal		
Treasury obligations	372,411	468,180
Government agencies	567,190	366,794
Municipal obligations	1,200,530	1,188,269
Corporate and foreign bonds	356,228	491,959
Fixed income mutual funds	691,444	604,034
Equity mutual funds	2,512,924	2,022,093
Total	\$ 6,361,270	\$ 5,347,757

SUPPLEMENTAL INFORMATION

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
32,798.200 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 129490-001	32,798.20	32,798.20 1.0000	0.5	131.75	5.1	1,683
627,744.320 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 129490-002	627,744.32	627,744.32 1.0000	9.9	2,644.34	5.1	32,220
TOTAL MONEY MARKET FUNDS		660,542.52	660,542.52	10.4	2,776.09	5.1	33,904
TOTAL CASH & CASH EQUIVALENTS		660,542.52	660,542.52	10.4	2,776.09	5.1	33,904
FIXED INCOME							
U.S. TREASURY OBLIGATIONS							
50,000.000 6/28/24	U.S. TREASURY BONDS 4.750% 2/15/41 CUSIP: 912810QN1 129490-001	49,827.50	51,351.50 102.7030	0.8	893.89	4.6	2,375
117,731.810 6/28/24	U.S. TREASURY TIPS 0.125% 4/15/25 CUSIP: 912828ZJ2 129490-001	99,848.54	114,523.62 97.2750	1.8	29.86	0.1	147
52,734.000 6/28/24	U.S. TREASURY TIPS 1.500% 2/15/53 CUSIP: 912810TP3 129490-001	43,638.76	44,290.23 83.9880	0.7	298.41	1.8	791
164,274.240 6/28/24	U.S. TREASURY TIPS 2.000% 1/15/26 CUSIP: 912810FS2 129490-001	149,807.20	162,247.10 98.7660	2.5	1,500.61	2.0	3,285
TOTAL U.S. TREASURY OBLIGATIONS		343,122.00	372,412.45	5.9	2,722.77	1.8	6,598

continued



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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
U.S. GOVERNMENT AGENCIES							
50,000.000 6/28/24	FFCB 2.625% 10/15/49 CUSIP: 3133EK2P0 129490-001	33,352.00	32,609.00 65.2180	0.5	277.08	4.0	1,312
100,000.000 6/28/24	FFCB 2.750% 3/07/39 CUSIP: 3133ENQR4 129490-001	77,335.08	77,647.00 77.6470	1.2	870.83	3.5	2,750
25,000.000 6/28/24	FFCB 5.660% 10/04/38 CUSIP: 3133EPXT7 129490-001	24,874.50	25,257.25 101.0290	0.4	341.96	5.6	1,415
100,000.000 6/28/24	FHLB 1.500% 11/23/26 CUSIP: 3130APQP3 129490-001	100,000.00	92,409.00 92.4090	1.4	158.33	1.6	1,500
200,000.000 6/28/24	FHLB 3.000% 3/25/27 CUSIP: 3130ARDV0 129490-001	200,000.00	191,150.00 95.5750	3.0	1,600.00	3.1	6,000
75,000.000 6/28/24	FHLB 5.000% 9/06/33 CUSIP: 3130AX3T3 129490-001	75,000.00	74,199.75 98.9330	1.2	1,197.92	5.0	3,750
10,603.330 6/28/24	FHLMC GD PL #A2394 5.500% 6/01/34 CUSIP: 31297BLX8 129490-001	11,504.62	10,618.81 100.1460	0.2	48.60	5.5	583
2,281.000 6/28/24	FHLMC GD PL #A7780 5.500% 5/01/38 CUSIP: 3128LBU97 129490-001	2,550.08	2,292.31 100.4960	0.0	10.43	5.5	125
8,573.790 6/28/24	FHLMC GD PL #G0869 4.000% 3/01/46 CUSIP: 3128MJX54 129490-001	9,155.20	8,037.67 93.7470	0.1	28.56	4.3	342
1,923.660 6/28/24	FHLMC GD PL #G1843 2.500% 7/01/27 CUSIP: 3128MMPZ0 129490-001	1,951.91	1,854.29 96.3940	0.0	4.01	2.6	48

continued



129490-999 - IBEW LOCAL 106 H&W M&N-CNSLDTD

As of June 30, 2024

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
6,125.730 6/28/24	FHLMC GD PL #G3033 5.500% 8/01/27 CUSIP: 3128CULR5 129490-001	6,886.63	6,068.21 99.0610	0.1	28.08	5.5	336
2,863.310 6/28/24	FHLMC GD PL #J2653 3.000% 11/01/28 CUSIP: 31307FHN4 129490-001	2,936.68	2,744.28 95.8430	0.0	7.16	3.1	85
2,844.280 6/28/24	FHLMC GD PL #Q2215 3.500% 10/01/43 CUSIP: 3132JPM1 129490-001	2,849.64	2,587.36 90.9670	0.0	8.30	3.8	99
1,445.600 6/28/24	FHLMC GD PL #Q2800 4.500% 8/01/44 CUSIP: 3132M8R40 129490-001	1,575.02	1,399.12 96.7850	0.0	5.42	4.6	65
9,650.810 6/28/24	FNMA PL #AB9187 3.000% 4/01/43 CUSIP: 31417GF50 129490-001	9,729.22	8,511.05 88.1900	0.1	24.13	3.4	289
1,105.980 6/28/24	FNMA PL #AC5111 5.000% 11/01/39 CUSIP: 31417QVD3 129490-001	1,138.29	1,093.64 98.8840	0.0	4.61	5.1	55
14,647.010 6/28/24	FNMA PL #BC7093 3.500% 4/01/46 CUSIP: 3140F23B4 129490-001	15,342.76	13,257.45 90.5130	0.2	42.73	3.9	512
5,918.150 6/28/24	FNMA PL #MA2737 3.000% 9/01/46 CUSIP: 31418CBF0 129490-001	5,690.66	5,140.45 86.8590	0.1	14.80	3.4	177
3,952.710 6/28/24	FNMA PL #MA3332 3.500% 3/01/48 CUSIP: 31418CV27 129490-001	3,914.42	3,561.75 90.1090	0.1	11.52	3.9	138
2,985.320 6/28/24	FNMA PL #MA3333 4.000% 4/01/48 CUSIP: 31418CV35 129490-001	3,034.78	2,780.50 93.1390	0.0	9.95	4.3	119
2,191.570 6/28/24	FNMA PL #MA3416 4.500% 7/01/48 CUSIP: 31418CYN8 129490-001	2,279.58	2,096.54 95.6640	0.0	8.22	4.7	98

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
1,105.640 6/28/24	FNMA PL #937181 6.000% 5/01/37 CUSIP: 31412WUE4 129490-001	1,222.77	1,117.38 101.0620	0.0	5.54	5.9	66
755.870 6/28/24	GNMA PL #518750 8.000% 1/15/30 CUSIP: 36211PH30 129490-001	801.51	756.69 100.1080	0.0	5.03	8.0	60
TOTAL U.S. GOVERNMENT AGENCIES		593,125.35	567,189.50	8.9	4,713.21	3.5	19,932
CORPORATE & FOREIGN BONDS							
50,000.000 6/28/24	ALTRIA GROUP INC 2.450% 2/04/32 CUSIP: 02209SBL6 129490-001	45,750.00	40,429.00 80.8580	0.6	500.21	3.0	1,225
50,000.000 6/28/24	BANK OF AMERICA MTN 3.500% 4/19/26 CUSIP: 06051GFX2 129490-001	56,350.00	48,460.50 96.9210	0.8	350.00	3.6	1,750
50,000.000 6/28/24	EBAY INC 2.700% 3/11/30 CUSIP: 278642AW3 129490-001	50,778.50	44,066.00 88.1320	0.7	412.50	3.1	1,350
100,000.000 6/28/24	GATX CORP 4.550% 11/07/28 CUSIP: 361448BC6 129490-001	98,087.00	97,762.00 97.7620	1.5	682.50	4.7	4,550
50,000.000 6/28/24	NEXTERA ENERGY 1.900% 6/15/28 CUSIP: 65339KBW9 129490-001	49,277.50	44,208.00 88.4160	0.7	42.22	2.1	950
50,000.000 6/28/24	ORACLE CORP 2.800% 4/01/27 CUSIP: 68389XBU8 129490-001	46,066.50	46,942.50 93.8850	0.7	350.00	3.0	1,400
50,000.000 6/28/24	ORACLE CORP 3.850% 4/01/60 CUSIP: 68389XBY0 129490-001	33,830.00	34,361.00 68.7220	0.5	481.25	5.6	1,925
TOTAL CORPORATE & FOREIGN BONDS		380,139.50	356,229.00	5.6	2,818.68	3.7	13,150

continued

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
MUNICIPAL OBLIGATIONS							
5,000.000 6/28/24	ABILENE TX 2.872% 2/15/31 CUSIP: 00344NXM1 129490-001	5,433.80	4,431.60 88.6320	0.1	54.25	3.2	143
15,000.000 6/28/24	EUGENE OR WTR REVEN 1.598% 8/01/25 CUSIP: 298245LD1 129490-001	15,309.00	14,429.55 96.1970	0.2	99.88	1.7	239
50,000.000 6/28/24	HAMILTON NY 1.000% 5/01/25 CUSIP: 407741ME4 129490-001	50,000.00	48,072.50 96.1450	0.8	83.33	1.0	500
35,000.000 6/28/24	HONOLULU CITY HI 3.403% 9/01/26 CUSIP: 438687EE1 129490-001	39,411.05	34,007.75 97.1650	0.5	397.02	3.5	1,191
25,000.000 6/28/24	NEBRASKA ST PUBLIC 2.752% 1/01/26 CUSIP: 63968AL86 129490-001	27,034.25	24,123.75 96.4950	0.4	344.00	2.8	688
100,000.000 6/28/24	NEW YORK ST DORM 2.438% 2/15/26 CUSIP: 64990FS70 129490-001	100,000.00	95,799.00 95.7990	1.5	921.02	2.5	2,438
100,000.000 6/28/24	NEW YORK ST DORM AUT 1.062% 3/15/25 CUSIP: 64990FA95 129490-001	94,163.00	96,997.00 96.9970	1.5	312.70	1.1	1,062
55,000.000 6/28/24	NEW YORK ST ENVRNMNT 2.841% 1/15/26 CUSIP: 64985HZA8 129490-001	59,901.60	53,205.35 96.7370	0.8	720.51	2.9	1,562
85,000.000 6/28/24	NEW YORK ST ETM 3.350% 3/15/26 CUSIP: 650036EN2 129490-001	81,042.40	82,465.30 97.0180	1.3	838.43	3.4	2,847
20,000.000 6/28/24	NEW YORK ST URBAN 1.115% 3/15/25 CUSIP: 650036AT3 129490-001	20,156.00	19,399.80 96.9990	0.3	65.66	1.1	223

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
50,000.000 6/28/24	NEW YORK ST URBAN 2.910% 3/15/33 CUSIP: 64985TBH3 129490-001	52,747.00	42,444.50 84.8890	0.7	428.42	3.4	1,455
55,000.000 6/28/24	NEW YORK ST URBAN 3.150% 3/15/27 CUSIP: 6500357E2 129490-001	60,158.00	52,793.40 95.9880	0.8	510.13	3.3	1,732
50,000.000 6/28/24	NEW YORK ST URBAN 3.250% 3/15/25 CUSIP: 6500358N1 129490-001	54,614.50	49,227.00 98.4540	0.8	478.47	3.3	1,625
15,000.000 6/28/24	NEW YORK ST URBAN 3.270% 3/15/27 CUSIP: 6500354X3 129490-001	16,752.00	14,443.35 96.2890	0.2	144.43	3.4	490
65,000.000 6/28/24	NEW YORK ST URBAN 3.350% 3/15/26 CUSIP: 650036EP7 129490-001	61,737.65	63,215.75 97.2550	1.0	641.15	3.4	2,177
55,000.000 6/28/24	NEW YORK ST URBAN 3.900% 3/15/33 CUSIP: 6500358W1 129490-001	63,006.90	51,527.30 93.6860	0.8	631.58	4.2	2,145
15,000.000 6/28/24	RICHMOND VA 3.000% 7/15/29 CUSIP: 76541VST5 129490-001	16,535.10	13,864.65 92.4310	0.2	207.50	3.3	450
175,000.000 6/28/24	SHALER PA AREA SCH 2.400% 9/01/31 CUSIP: 819215UK8 129490-001	173,789.00	155,596.00 88.9120	2.4	1,400.00	2.7	4,200
50,000.000 6/28/24	TUSSEY MOUNTAIN PA 1.500% 4/01/27 CUSIP: 901039FX0 129490-001	50,000.00	45,591.50 91.1830	0.7	187.50	1.6	750
50,000.000 6/28/24	VIRGINIA ST HSG DEV 5.830% 7/01/38 CUSIP: 92812UZ84 129490-001	50,000.00	50,456.50 100.9130	0.8	1,457.50	5.8	2,915
50,000.000 6/28/24	WASHINGTON CNTY NE 1.901% 12/15/32 CUSIP: 938119DX9 129490-001	49,842.50	39,604.00 79.2080	0.6	42.24	2.4	950

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
100,000.000 6/28/24	WASHINGTON ST UNIV 2.243% 10/01/28 CUSIP: 940094BS3 129490-001	92,759.00	90,701.00 90.7010	1.4	560.75	2.5	2,243
25,000.000 6/28/24	WISCONSIN ST GEN 2.383% 5/01/26 CUSIP: 977100DC7 129490-001	26,812.50	23,802.00 95.2080	0.4	99.29	2.5	595
40,000.000 6/28/24	WISCONSIN ST GEN FND 2.429% 5/01/31 CUSIP: 977100HD1 129490-001	42,491.20	34,332.00 85.8300	0.5	161.93	2.8	971
TOTAL MUNICIPAL OBLIGATIONS		1,303,696.45	1,200,530.55	18.9	10,787.69	2.8	33,596
TAXABLE FIXED INCOME FUNDS							
30,182.580 6/28/24	PIMCO INCOME FUND INS CUSIP: 72201F490 129490-002	350,368.84	316,313.44 10.4800	5.0	0.00	6.3	19,920
TOTAL TAXABLE FIXED INCOME FUNDS		350,368.84	316,313.44	5.0	0.00	6.3	19,920
CLOSED-END FIXED INCOME FUNDS							
1,250.000 6/28/24	ISHARES MBS ETF CUSIP: 464288588 129490-001	113,729.66	114,762.50 91.8100	1.8	0.00	3.7	4,222
4,100.000 6/28/24	JANUS HENDERSON AAA CLO ETF CUSIP: 47103U845 129490-001	207,101.25	208,608.00 50.8800	3.3	0.00	6.4	13,259
1,000.000 6/28/24	JH SECURITIZED INCOME ETF CUSIP: 47103U746 129490-001	51,180.00	51,760.00 51.7600	0.8	0.00	5.3	2,735
TOTAL CLOSED-END FIXED INCOME FUNDS		372,010.91	375,130.50	5.9	0.00	5.4	20,216
TOTAL FIXED INCOME		3,342,463.05	3,187,805.44	50.1	21,042.35	3.6	113,415

continued



ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
EQUITIES							
DOMESTIC EQUITY MUTUAL FUNDS							
2,259.077 6/28/24	COHEN & STEERS INST REALTY SHS CUSIP: 19247U106 129490-002	101,620.76	103,420.55 45.7800	1.6	0.00	2.3	2,349
2,666.430 6/28/24	FEDERATED HERMES KAUFMANN SM C CUSIP: 31421N402 129490-002	133,213.61	131,908.29 49.4700	2.1	0.00	0.3	357
43,327.794 6/28/24	INVESCO STEELPATH MLP INCOME FUND CUSIP: 00143K327 129490-002	218,026.72	270,365.43 6.2400	4.3	0.00	6.8	18,414
23,019.140 6/28/24	JPMORGAN EQUITY INCOME-R6 CUSIP: 46636U876 129490-002	427,232.16	551,998.98 23.9800	8.7	0.00	1.9	10,312
4,510.048 6/28/24	MFS MID CAP GROWTH FUND-R6 CUSIP: 552987554 129490-002	114,168.81	142,066.51 31.5000	2.2	0.00	0.0	0
7,973.324 6/28/24	T ROWE PRICE MID CAP VALUE FUND CUSIP: 77957Y106 129490-002	229,847.96	269,019.95 33.7400	4.2	0.00	1.1	2,846
2,633.356 6/28/24	VANGUARD GROWTH INDEX FD ADM CUSIP: 922908660 129490-002	287,645.98	506,447.03 192.3200	8.0	0.00	0.5	2,512
3,159.632 6/28/24	VANGUARD S/C VALUE INDEX-ADM CUSIP: 921937686 129490-002	177,336.82	247,778.34 78.4200	3.9	0.00	2.2	5,412
TOTAL DOMESTIC EQUITY MUTUAL FUNDS		1,689,092.82	2,223,005.08	34.9	0.00	1.9	42,204

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
GLOBAL FUNDS							
8,992.544 6/28/24	FIDELITY ADV INTL CAP AP-Z CUSIP: 315920157 129490-002	257,807.60	289,919.62 32.2400	4.6	0.00	0.4	1,231
TOTAL GLOBAL FUNDS		257,807.60	289,919.62	4.6	0.00	0.4	1,231
TOTAL EQUITIES		1,946,900.42	2,512,924.70	39.5	0.00	1.7	43,436
TOTAL INVESTMENT PORTFOLIO		5,949,905.99	6,361,272.66	100.0	23,818.44	3.0	190,756
ENDING ACCRUAL FOR PERIOD			23,818.44				
TOTAL VALUE			6,385,091.10				





Account Statement
April 01, 2024 to June 30, 2024

Account # 557455-E2-00

IBEW Loc 106 Health and Welfare Fd
8519 E. Orchard Road 8T3
Greenwood Village
CO 80111

Account Summary (as of June 30, 2024)				
Investment	Asset Class	Shares/Units	Price	Balance
PRU FIXED RATE 22DZ*	Fixed Inc	683,456.2042	\$1.00	\$683,456.20
			Totals	\$683,456.20

*The Stable Value Account is maintained at Book Value



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BEGINNING MARKET VALUE	5,367,781.25					
COMPARATIVE VALUE (5%)	268,389.06					

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

129490-002	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 03/20/24 B	450,000	1.000	0	450,000-*	450,000	
	GRAND TOTAL			0	450,000	450,000	0

continued

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
	BROKER: CREDITEX						
	ISSUE: 3130AX3T3 - FHLB 5% 9/06/33						
129490-001	09/05/23 B	75,000	1.000	0	75,000-	75,000	
	ISSUE: 3133EPXT7 - FFCB 5.66% 10/04/38						
129490-001	10/31/23 B	25,000	0.995	0	24,875-	24,875	
	ISSUE: 912810QN1 - U.S. TREASURY BONDS 4.75% 2/15/41						
129490-001	11/03/23 B	50,000	0.997	0	49,828-	49,828	
	ISSUE: 91282CGM7 - U.S. TREASURY NOTES 3.5% 2/15/33						
129490-001	11/03/23 S	100,000	0.919	0	91,878	97,406	-5,528
	ISSUE: 65339KBM1 - NEXTERA ENERGY CAP 2.75% 11/01/29						
129490-001	12/01/23 S	50,000	0.871	0	43,528	43,339	190
	ISSUE: 3133EK2P0 - FFCB 2.625% 10/15/49						
129490-001	02/02/24 B	50,000	0.667	0	33,352-	33,352	
	ISSUE: 3133ENQR4 - FFCB 2.75% 3/07/39						
129490-001	02/06/24 B	75,000	0.775	0	58,115-	58,115	
	ISSUE: 3133ENQR4 - FFCB 2.75% 3/07/39						
129490-001	02/16/24 B	25,000	0.769	0	19,220-	19,220	
	SUB-TOTAL			0	395,796	401,135	-5,339
	GRAND TOTAL			0	395,796	401,135	-5,339

continued



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST

129490-001	07/03/23 B	559	1.000	0	559-	559
129490-001	07/10/23 B	1,036	1.000	0	1,036-	1,036
129490-001	07/17/23 B	1,866	1.000	0	1,866-	1,866
129490-001	07/17/23 B	1,591	1.000	0	1,591-	1,591
129490-001	07/25/23 B	428	1.000	0	428-	428
129490-001	08/01/23 B	304	1.000	0	304-	304
129490-001	08/04/23 B	613	1.000	0	613-	613
129490-001	08/07/23 B	1,075	1.000	0	1,075-	1,075
129490-001	08/15/23 B	4,137	1.000	0	4,137-	4,137
129490-001	08/15/23 B	28,200	1.000	0	28,200-	28,200
129490-001	08/25/23 B	890	1.000	0	890-	890
129490-001	09/01/23 B	2,981	1.000	0	2,981-	2,981
129490-001	09/08/23 B	1,125	1.000	0	1,125-	1,125
129490-001	09/11/23 B	675	1.000	0	675-	675
129490-001	09/15/23 B	8,190	1.000	0	8,190-	8,190
129490-001	09/25/23 B	3,365	1.000	0	3,365-	3,365
129490-001	10/02/23 B	3,276	1.000	0	3,276-	3,276
129490-001	10/06/23 B	1,133	1.000	0	1,133-	1,133
129490-001	10/16/23 B	1,422	1.000	0	1,422-	1,422
129490-001	10/16/23 B	72	1.000	0	72-	72
129490-001	10/19/23 B	875	1.000	0	875-	875
129490-001	10/25/23 B	453	1.000	0	453-	453
129490-001	10/30/23 B	3,375	1.000	0	3,375-	3,375

continued

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-001	11/01/23 B	1,837	1.000	0	1,837-	1,837	
129490-001	11/07/23 B	3,355	1.000	0	3,355-	3,355	
129490-001	11/15/23 B	818	1.000	0	818-	818	
129490-001	11/24/23 B	750	1.000	0	750-	750	
129490-001	11/27/23 B	445	1.000	0	445-	445	
129490-001	12/01/23 B	44	1.000	0	44-	44	
129490-001	12/05/23 B	43,658	1.000	0	43,658-	43,658	
129490-001	12/07/23 B	1,214	1.000	0	1,214-	1,214	
129490-001	12/15/23 B	1,814	1.000	0	1,814-	1,814	
129490-001	12/26/23 B	380	1.000	0	380-	380	
129490-001	12/29/23 B	1,134	1.000	0	1,134-	1,134	
129490-001	01/02/24 B	584	1.000	0	584-	584	
129490-001	01/16/24 B	2,309	1.000	0	2,309-	2,309	
129490-001	01/16/24 B	1,611	1.000	0	1,611-	1,611	
129490-001	01/25/24 B	321	1.000	0	321-	321	
129490-001	01/31/24 B	101,688	1.000	0	101,688-	101,688	
129490-001	02/01/24 B	185	1.000	0	185-	185	
129490-001	02/05/24 B	613	1.000	0	613-	613	
129490-001	02/07/24 B	1,108	1.000	0	1,108-	1,108	
129490-001	02/15/24 B	3,279	1.000	0	3,279-	3,279	
129490-001	02/15/24 B	387	1.000	0	387-	387	
129490-001	02/26/24 B	307	1.000	0	307-	307	
129490-001	03/01/24 B	2,852	1.000	0	2,852-	2,852	
129490-001	03/06/24 B	1,875	1.000	0	1,875-	1,875	
129490-001	03/07/24 B	2,449	1.000	0	2,449-	2,449	
129490-001	03/11/24 B	675	1.000	0	675-	675	
129490-001	03/15/24 B	48,123	1.000	0	48,123-	48,123	

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-001	03/25/24 B	4,414	1.000	0	4,414-	4,414	
129490-001	04/01/24 B	3,348	1.000	0	3,348-	3,348	
129490-001	04/04/24 B	708	1.000	0	708-	708	
129490-001	04/05/24 B	1,106	1.000	0	1,106-	1,106	
129490-001	04/15/24 B	112,375	1.000	0	112,375-	112,375	
129490-001	04/15/24 B	73	1.000	0	73-	73	
129490-001	04/19/24 B	875	1.000	0	875-	875	
129490-001	04/25/24 B	313	1.000	0	313-	313	
129490-001	05/01/24 B	1,218	1.000	0	1,218-	1,218	
129490-001	05/07/24 B	4,012	1.000	0	4,012-	4,012	
129490-001	05/15/24 B	784	1.000	0	784-	784	
129490-001	05/23/24 B	750	1.000	0	750-	750	
129490-001	05/28/24 B	377	1.000	0	377-	377	
129490-001	06/03/24 B	117	1.000	0	117-	117	
129490-001	06/07/24 B	1,676	1.000	0	1,676-	1,676	
129490-001	06/17/24 B	1,611	1.000	0	1,611-	1,611	
129490-001	06/25/24 B	416	1.000	0	416-	416	
129490-002	07/03/23 B	667	1.000	0	667-	667	
129490-002	08/01/23 B	695	1.000	0	695-	695	
129490-002	09/01/23 B	721	1.000	0	721-	721	
129490-002	09/22/23 B	7,136	1.000	0	7,136-	7,136	
129490-002	10/02/23 B	711	1.000	0	711-	711	
129490-002	11/01/23 B	761	1.000	0	761-	761	
129490-002	12/01/23 B	743	1.000	0	743-	743	
129490-002	01/02/24 B	770	1.000	0	770-	770	
129490-002	02/01/24 B	770	1.000	0	770-	770	
129490-002	03/01/24 B	714	1.000	0	714-	714	

continued

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-002	03/20/24 B	450,000	1.000	0	450,000-*	450,000	
129490-002	04/01/24 B	1,507	1.000	0	1,507-	1,507	
129490-002	05/01/24 B	2,620	1.000	0	2,620-	2,620	
129490-002	06/03/24 B	2,717	1.000	0	2,717-	2,717	
SUB-TOTAL OF BUYS # 81				0	896,161	896,161	
129490-001	07/05/23 S	1,351	1.000	0	1,351	1,351	0
129490-001	08/16/23 S	421	1.000	0	421	421	0
129490-001	09/06/23 S	75,000	1.000	0	75,000	75,000	0
129490-001	10/03/23 S	1,370	1.000	0	1,370	1,370	0
129490-001	11/01/23 S	24,981	1.000	0	24,981	24,981	0
129490-001	11/06/23 S	1,509	1.000	0	1,509	1,509	0
129490-001	12/14/23 S	50,000	1.000	0	50,000	50,000	0
129490-001	01/03/24 S	1,462	1.000	0	1,462	1,462	0
129490-001	02/05/24 S	33,753	1.000	0	33,753	33,753	0
129490-001	02/08/24 S	58,980	1.000	0	58,980	58,980	0
129490-001	02/20/24 S	19,531	1.000	0	19,531	19,531	0
129490-001	04/02/24 S	1,445	1.000	0	1,445	1,445	0
129490-001	04/08/24 S	64,229	1.000	0	64,229	64,229	0
129490-001	04/19/24 S	100,681	1.000	0	100,681	100,681	0
129490-002	07/05/23 S	291	1.000	0	291	291	0
129490-002	10/03/23 S	323	1.000	0	323	323	0
129490-002	01/03/24 S	312	1.000	0	312	312	0
129490-002	02/23/24 S	5,978	1.000	0	5,978	5,978	0
129490-002	04/02/24 S	426	1.000	0	426	426	0
SUB-TOTAL OF SALES # 19				0	442,043	442,043	0
SUB-TOTAL				0	1,338,204	1,338,204	0

continued


REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
GRAND TOTAL			0	1,338,204	1,338,204	0

continued

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***



I.B.E.W. LOCAL UNION #106
HEALTH AND WELFARE FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4j
EMPLOYER ID #23-7091957; PLAN #501
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2024

Investment	Asset Class	Shares/Units	Price	Balance
PRU FIXED RATE	22DZ* Fixed Inc	683,456.2042	\$1.00	\$683,456.20
			Totals	\$683,456.20

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
	BEGINNING MARKET VALUE	5,367,781.25					
	COMPARATIVE VALUE (5%)	268,389.06					
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
129490-002	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST						
	03/20/24 B	450,000	1.000	0	450,000-*	450,000	
	GRAND TOTAL			0	450,000	450,000	0

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
BROKER: CREDITEX							
129490-001	ISSUE: 31130AX3T3 - FHLB 5% 9/06/33 09/05/23 B	75,000	1.000	0	75,000-	75,000	
129490-001	ISSUE: 31133EPX7 - FFCB 5.66% 10/04/38 10/31/23 B	25,000	0.995	0	24,875-	24,875	
129490-001	ISSUE: 912810QN1 - U.S. TREASURY BONDS 4.75% 2/15/41 11/03/23 B	50,000	0.997	0	49,828-	49,828	
129490-001	ISSUE: 91282CGM7 - U.S. TREASURY NOTES 3.5% 2/15/33 11/03/23 S	100,000	0.919	0	91,878	97,406	-5,528
129490-001	ISSUE: 65339KBM1 - NEXTERA ENERGY CAP 2.75% 11/01/29 12/01/23 S	50,000	0.871	0	43,528	43,339	190
129490-001	ISSUE: 3133EK2P0 - FFCB 2.625% 10/15/49 02/02/24 B	50,000	0.667	0	33,352-	33,352	
129490-001	ISSUE: 3133ENQR4 - FFCB 2.75% 3/07/39 02/06/24 B	75,000	0.775	0	58,115-	58,115	
129490-001	ISSUE: 3133ENQR4 - FFCB 2.75% 3/07/39 02/16/24 B	25,000	0.769	0	19,220-	19,220	
SUB-TOTAL				0	395,796	401,135	-5,339
GRAND TOTAL				0	395,796	401,135	-5,339

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
129490-001	07/03/23 B	559	1.000	0	559-	559	
129490-001	07/10/23 B	1,036	1.000	0	1,036-	1,036	
129490-001	07/17/23 B	1,866	1.000	0	1,866-	1,866	
129490-001	07/17/23 B	1,591	1.000	0	1,591-	1,591	
129490-001	07/25/23 B	428	1.000	0	428-	428	
129490-001	08/01/23 B	304	1.000	0	304-	304	
129490-001	08/04/23 B	613	1.000	0	613-	613	
129490-001	08/07/23 B	1,075	1.000	0	1,075-	1,075	
129490-001	08/15/23 B	4,137	1.000	0	4,137-	4,137	
129490-001	08/15/23 B	28,200	1.000	0	28,200-	28,200	
129490-001	08/25/23 B	890	1.000	0	890-	890	
129490-001	09/01/23 B	2,981	1.000	0	2,981-	2,981	
129490-001	09/08/23 B	1,125	1.000	0	1,125-	1,125	
129490-001	09/11/23 B	675	1.000	0	675-	675	
129490-001	09/15/23 B	8,190	1.000	0	8,190-	8,190	
129490-001	09/25/23 B	3,365	1.000	0	3,365-	3,365	
129490-001	10/02/23 B	3,276	1.000	0	3,276-	3,276	
129490-001	10/06/23 B	1,133	1.000	0	1,133-	1,133	
129490-001	10/16/23 B	1,422	1.000	0	1,422-	1,422	
129490-001	10/16/23 B	72	1.000	0	72-	72	
129490-001	10/19/23 B	875	1.000	0	875-	875	
129490-001	10/25/23 B	453	1.000	0	453-	453	
129490-001	10/30/23 B	3,375	1.000	0	3,375-	3,375	

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-001	11/01/23 B	1,837	1,000	0	1,837-	1,837	
129490-001	11/07/23 B	3,355	1,000	0	3,355-	3,355	
129490-001	11/15/23 B	818	1,000	0	818-	818	
129490-001	11/24/23 B	750	1,000	0	750-	750	
129490-001	11/27/23 B	445	1,000	0	445-	445	
129490-001	12/01/23 B	44	1,000	0	44-	44	
129490-001	12/05/23 B	43,658	1,000	0	43,658-	43,658	
129490-001	12/07/23 B	1,214	1,000	0	1,214-	1,214	
129490-001	12/15/23 B	1,814	1,000	0	1,814-	1,814	
129490-001	12/26/23 B	380	1,000	0	380-	380	
129490-001	12/29/23 B	1,134	1,000	0	1,134-	1,134	
129490-001	01/02/24 B	584	1,000	0	584-	584	
129490-001	01/16/24 B	2,309	1,000	0	2,309-	2,309	
129490-001	01/16/24 B	1,611	1,000	0	1,611-	1,611	
129490-001	01/25/24 B	321	1,000	0	321-	321	
129490-001	01/31/24 B	101,688	1,000	0	101,688-	101,688	
129490-001	02/01/24 B	185	1,000	0	185-	185	
129490-001	02/05/24 B	613	1,000	0	613-	613	
129490-001	02/07/24 B	1,108	1,000	0	1,108-	1,108	
129490-001	02/15/24 B	3,279	1,000	0	3,279-	3,279	
129490-001	02/15/24 B	387	1,000	0	387-	387	
129490-001	02/26/24 B	307	1,000	0	307-	307	
129490-001	03/01/24 B	2,852	1,000	0	2,852-	2,852	
129490-001	03/06/24 B	1,875	1,000	0	1,875-	1,875	
129490-001	03/07/24 B	2,449	1,000	0	2,449-	2,449	
129490-001	03/11/24 B	675	1,000	0	675-	675	
129490-001	03/15/24 B	48,123	1,000	0	48,123-	48,123	

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-001	03/25/24 B	4,414	1.000	0	4,414-	4,414	
129490-001	04/01/24 B	3,348	1.000	0	3,348-	3,348	
129490-001	04/04/24 B	708	1.000	0	708-	708	
129490-001	04/05/24 B	1,106	1.000	0	1,106-	1,106	
129490-001	04/15/24 B	112,375	1.000	0	112,375-	112,375	
129490-001	04/15/24 B	73	1.000	0	73-	73	
129490-001	04/19/24 B	875	1.000	0	875-	875	
129490-001	04/25/24 B	313	1.000	0	313-	313	
129490-001	05/01/24 B	1,218	1.000	0	1,218-	1,218	
129490-001	05/07/24 B	4,012	1.000	0	4,012-	4,012	
129490-001	05/15/24 B	784	1.000	0	784-	784	
129490-001	05/23/24 B	750	1.000	0	750-	750	
129490-001	05/28/24 B	377	1.000	0	377-	377	
129490-001	06/03/24 B	117	1.000	0	117-	117	
129490-001	06/07/24 B	1,676	1.000	0	1,676-	1,676	
129490-001	06/17/24 B	1,611	1.000	0	1,611-	1,611	
129490-001	06/25/24 B	416	1.000	0	416-	416	
129490-002	07/03/23 B	667	1.000	0	667-	667	
129490-002	08/01/23 B	695	1.000	0	695-	695	
129490-002	09/01/23 B	721	1.000	0	721-	721	
129490-002	09/22/23 B	7,136	1.000	0	7,136-	7,136	
129490-002	10/02/23 B	711	1.000	0	711-	711	
129490-002	11/01/23 B	761	1.000	0	761-	761	
129490-002	12/01/23 B	743	1.000	0	743-	743	
129490-002	01/02/24 B	770	1.000	0	770-	770	
129490-002	02/01/24 B	770	1.000	0	770-	770	
129490-002	03/01/24 B	714	1.000	0	714-	714	

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
129490-002	03/20/24 B	450,000	1.000	0	450,000*	450,000	
129490-002	04/01/24 B	1,507	1.000	0	1,507-	1,507	
129490-002	05/01/24 B	2,620	1.000	0	2,620-	2,620	
129490-002	06/03/24 B	2,717	1.000	0	2,717-	2,717	
		SUB-TOTAL OF BUYS # 81		0	896,161	896,161	
129490-001	07/05/23 S	1,351	1.000	0	1,351	1,351	0
129490-001	08/16/23 S	421	1.000	0	421	421	0
129490-001	09/06/23 S	75,000	1.000	0	75,000	75,000	0
129490-001	10/03/23 S	1,370	1.000	0	1,370	1,370	0
129490-001	11/01/23 S	24,981	1.000	0	24,981	24,981	0
129490-001	11/06/23 S	1,509	1.000	0	1,509	1,509	0
129490-001	12/14/23 S	50,000	1.000	0	50,000	50,000	0
129490-001	01/03/24 S	1,462	1.000	0	1,462	1,462	0
129490-001	02/05/24 S	33,753	1.000	0	33,753	33,753	0
129490-001	02/08/24 S	58,980	1.000	0	58,980	58,980	0
129490-001	02/20/24 S	19,531	1.000	0	19,531	19,531	0
129490-001	04/02/24 S	1,445	1.000	0	1,445	1,445	0
129490-001	04/08/24 S	64,229	1.000	0	64,229	64,229	0
129490-001	04/19/24 S	100,681	1.000	0	100,681	100,681	0
129490-002	07/05/23 S	291	1.000	0	291	291	0
129490-002	10/03/23 S	323	1.000	0	323	323	0
129490-002	01/03/24 S	312	1.000	0	312	312	0
129490-002	02/23/24 S	5,978	1.000	0	5,978	5,978	0
129490-002	04/02/24 S	426	1.000	0	426	426	0
		SUB-TOTAL OF SALES # 19		0	442,043	442,043	0
		SUB-TOTAL		0	1,338,204	1,338,204	0

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
GRAND TOTAL			0	1,338,204	1,338,204	0

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***