

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 LOCAL UNION 1710 IBEW PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1974
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION TRUST FUND 1050 LAKES DR STE 120 WEST COVINA, CA 91790
2b	Employer Identification Number (EIN) 95-3826843
2c	Plan Sponsor's telephone number 626-646-1090
2d	Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1996
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) 289 6a(2) 257 6b 794 6c 751 6d 1802 6e 128 6f 1930 6g(1) 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 2

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024
Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LOCAL UNION 1710 IBEW PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION	D Employer Identification Number (EIN) 95-3826843

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 17108332
(2) Actuarial value of assets for funding standard account	1b(2) 18790175
c (1) Accrued liability for plan using immediate gain methods	1c(1) 23161429
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 23161429
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 33898398
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4990
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2221993
(3) Expected plan disbursements for the plan year	1d(3) 2215062

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

SIGN HERE	03/27/2025
Signature of actuary KENNETH GRANT CAMP, F.S.A.	Date 23-07456
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 714-634-8447
Firm name 19200 VON KARMAN AVE STE 950, IRVINE, CA 92612	Telephone number (including area code)
Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17108332
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	971	20878921
(2) For terminated vested participants	697	12349599
(3) For active participants:		
(a) Non-vested benefits		6090
(b) Vested benefits		663788
(c) Total active	239	669878
(4) Total	1907	33898398
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.47 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	702481	0			
Totals ▶			3(b)	702481	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		140085

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	2038
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.85 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.7 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	362950	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	679839	68823

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	365046

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	11517327	1789115
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 145406**e** Total charges. Add lines 9a through 9d**9e** 2299567**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 4933738**g** Employer contributions. Total from column (b) of line 3**9g** 702481**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 378478**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	2212335	327834
9j(1)	8683658	
9j(2)	11358371	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 6342531**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 4042964**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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 LOCAL UNION 1710 IBEW PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION	D Employer Identification Number (EIN) 95-3826843

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

Yes

No
- b

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

(b)

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

THE VANGUARD GROUP, INC.

23-1945930

(b)

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

METROPOLITAN WEST ASSET MGMT, LLC

865 S FIGUEROA ST
LOS ANGELES, CA 90017-2543

(b)

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

AMERICAN REALTY ADVISORS

33-0123114

(b)

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

AMERICAN FUNDS

95-6810128

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

DODGE & COX

94-1441976

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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)

BENESYS ADMINISTRATORS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	141207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERUS ADVISORY, INC.

91-1320111

(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?
17 27 50	NONE	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	53102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MELISSA W. COOK AND ASSOCIATES

95-3245809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	24757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WITHUM SMITH BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 LOCAL UNION 1710 IBEW PENSION TRUST FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION				D Employer Identification Number (EIN) 95-3826843	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW NECA EQUITY INDEX FUND					
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY					
c EIN-PN 31-1772714-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3067392	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LOCAL UNION 1710 IBEW PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION	D Employer Identification Number (EIN) 95-3826843	

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	58805	158526
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55001	42576
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	74555
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2665	8316
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3729830	3067392
(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)	10563964	11088165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	2584445	2294375

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	135655	6023
f Total assets (add all amounts in lines 1a through 1e)	1f	17130365	16739928
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	22033	9853
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	22033	9853
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17108332	16730075

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)	702481	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		702481
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4191	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	53125	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		57316
(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)	358919	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		358919
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6098651	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6098651	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-343195	
(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)		744014
(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)		310298
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1829833

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1808080	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1808080
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	141207	
(3) Recordkeeping fees.....	2i(3)	7201	
(4) IQPA audit fees.....	2i(4)	16800	
(5) Investment advisory and investment management fees	2i(5)	50000	
(6) Bank or trust company trustee/custodial fees	2i(6)	24757	
(7) Actuarial fees	2i(7)	53102	
(8) Legal fees	2i(8)	10351	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1195	
(11) Other expenses	2i(11)	95397	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		400010
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2208090

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-378257
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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 534820.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan LOCAL UNION 1710 IBEW PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL UNION 1710 IBEW PENSION		D Employer Identification Number (EIN) 95-3826843
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 95-3826843		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ACUITY BRANDS**

b EIN **58-2633371**

c Dollar amount contributed by employer **493523**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **1.54**

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

a Name of contributing employer **CW COLE**

b EIN **95-0637500**

c Dollar amount contributed by employer **68873**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **14** Year **2024**

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

(1) Contribution rate (in dollars and cents) **1.61**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

1139

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

1177

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

1218

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

98.40

b The corresponding number for the second preceding plan year

15b

98.00

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

0

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 40.7 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 42.9 %

High-Yield Debt: 2.4 % Real Assets: 14.0 % Cash or Cash Equivalents: _____ % Other: _____ %

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

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	LOCAL UNION 1710 IBEW PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-3826843	PN	001

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

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

Name of Plan	LOCAL UNION 1710 IBEW PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-3826843	PN	001

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

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

Name of Plan	LOCAL UNION 1710 IBEW PENSION TRUST FUND					
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-3826843	PN 001

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2023 This Form is Open to Public Inspection
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Name of Plan	LOCAL UNION 1710 IBEW PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-3826843	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total

[illegible]

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Local Union 1710 I.B.E.W. Pension Trust Fund
1050 Lakes Drive, Suite 120
West Covina, California 91790

Members of the Board:

Opinion

We have audited the accompanying financial statements of Local Union 1710 I.B.E.W. Pension Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are

presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

April 3, 2025

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30, 2024	June 30, 2023
ASSETS		
CASH	\$ 158,526	\$ 58,805
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	\$ 11,088,165	\$ 10,563,964
Short-Term Investment Fund	8,316	2,665
Limited Liability Entity	2,294,375	2,584,445
Common/Collective Trust	<u>3,067,392</u>	<u>3,729,830</u>
	16,458,248	16,880,904
TOTAL CASH AND INVESTMENTS	16,616,774	16,939,709
RECEIVABLES		
Employer Contributions	42,576	55,001
Due from Welfare Fund	74,555	-
OTHER ASSETS		
Prepaid Expenses	<u>6,023</u>	<u>135,655</u>
TOTAL ASSETS	16,739,928	17,130,365
LIABILITIES		
ACCOUNTS PAYABLE	<u>9,853</u>	<u>22,033</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,730,075</u></u>	<u><u>\$ 17,108,332</u></u>

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2023 to June 30, 2024		July 1, 2022 to June 30, 2023	
ADDITIONS				
INVESTMENT INCOME				
Dividends and Interest	\$ 416,235		\$ 370,551	
Net Appreciation of Investments	711,117		595,253	
Less: Investment Fees	<u>(56,449)</u>	\$ 1,070,903	<u>(53,921)</u>	\$ 911,883
CONTRIBUTIONS				
Employer	562,396		592,093	
Withdrawal Liability	<u>140,085</u>	<u>702,481</u>	<u>167,112</u>	<u>759,205</u>
TOTAL ADDITIONS		1,773,384		1,671,088
DEDUCTIONS				
BENEFITS PAID		1,808,080		1,850,750
ADMINISTRATIVE EXPENSES				
Administration Fees	141,207		138,121	
Office, Printing and Postage	13,986		10,837	
Bank Fees	18,308		13,465	
Insurance	11,551		10,935	
Meetings, Conferences and Dues	1,195		1,145	
Pension Benefit Guaranty Corp.	69,860		63,986	
Legal Fees	10,351		16,284	
Audit Fees	16,800		16,000	
Payroll Audit Fees	7,201		1,114	
Actuary Fees	<u>53,102</u>	<u>343,561</u>	<u>60,369</u>	<u>332,256</u>
TOTAL DEDUCTIONS		<u>2,151,641</u>		<u>2,183,006</u>
NET (DECREASE) FOR THE YEAR		(378,257)		(511,918)
NET ASSETS AVAILABLE FOR BENEFITS				
Balance, Beginning of Year		<u>17,108,332</u>		<u>17,620,250</u>
Balance, End of Year		<u>\$ 16,730,075</u>		<u>\$ 17,108,332</u>

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

Vested Benefits:

Participants Currently Receiving Payments
Other Participants

\$ 15,108,629
8,050,480

TOTAL VESTED BENEFITS

23,159,109

Non-Vested Benefits

2,320

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 23,161,429

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JULY 1, 2022 TO JUNE 30, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 23,529,448
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Net Actuarial Gain	\$ (43,044)	
Benefits Paid	(1,850,750)	
Increase for Interest Due to Decrease in Discount Period	<u>1,525,775</u>	
NET (DECREASE)		<u>(368,019)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u>\$ 23,161,429</u>

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Local Union 1710 I.B.E.W. Pension Trust Fund (the "Plan") is a defined benefit multiemployer pension plan that provides retirement benefits to participants, as provided in the collective bargaining agreement between the contributing employers and the IBEW Union Local 1710. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Employer Contributions

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

D. Employer Payroll Compliance Program

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

E. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of June 30, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 11,088,165	\$ -	\$ -	\$ 11,088,165
Short-Term Investment Fund	-	8,316	-	8,316
Total Assets in the Fair Value Hierarchy	<u>\$ 11,088,165</u>	<u>\$ 8,316</u>	<u>\$ -</u>	11,096,481
Investments Measured at Net Asset Value ^A				<u>5,361,767</u>
				<u>\$ 16,458,248</u>

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of June 30, 2023:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,563,964	\$ -	\$ -	\$ 10,563,964
Short-Term Investment Fund	-	2,665	-	2,665
Total Assets in the Fair Value Hierarchy	<u>\$ 10,563,964</u>	<u>\$ 2,665</u>	<u>\$ -</u>	10,566,629
Investments Measured at Net Asset Value ^A				<u>6,314,275</u>
				<u>\$ 16,880,904</u>

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

Level 1 investments include mutual funds valued based on quoted prices in an active market.

Level 2 investments include a short-term investment fund valued at amortized cost which approximates fair value.

The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value are as follows:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
American Core Realty Fund, LP ¹	\$ 2,294,375	None	Quarterly	10 Days
IBEW-NECA Equity Index Fund	3,067,392	None	Daily	None

The investment strategy for the non-direct filing entity investment valued at net asset value is as follows:

¹ The fund's investment strategy is to invest in private real estate.

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation of investments includes gain and losses on investments bought and sold as well as held during the year.

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

G. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by actuaries and is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the latest valuation as of June 30, 2023 (2022) were: (a) assumed interest rate – 6.75%, (b) mortality of healthy lives using the Pri-2012 Mortality with Blue Collar adjustment, with Generational Projection using Scale MP-2021; for disabled lives, Pri-2012 Disabled Annuitant Mortality, with Generational Projection using Scale MP-2021, (c) retirement age assumption - age 65, (d) actuarial cost method – projected unit credit, (e) future contributions of \$592,100 for 2023-24 (\$561,100 for 2022-23) and thereafter, plus scheduled withdrawal liability payments and, (f) administrative expenses – \$375,000 (\$350,000) per year.

As of June 30, 2023, the Plan has unfunded vested benefits of approximately \$6,051,000.

NOTE 3 - FUNDING POLICY

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

NOTE 4 - PLAN REHABILITATION

The Pension Protection Act of 2006 ("PPA") requires an actuarial status determination to be performed each year for all multiemployer pension plans. On September 28, 2023, the Plan was certified by its actuary to be in critical and declining status for the Plan year beginning July 1, 2023. Previously, the Plan was certified by its actuary to be in critical and declining for July 1, 2022 through

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 - PLAN REHABILITATION (Continued)

June 30, 2023. The PPA requires that the Board of Trustees of a multiemployer pension plan that has been certified by its actuary as being in critical or critical and declining status to develop a rehabilitation plan that is intended to improve the Plan's funding over a period of years. A rehabilitation plan sets forth the actions to be taken by the pension Plan's trustees, as well as the collective bargaining parties, and consists of one or more schedules that contain a combination of benefit cutbacks and contribution rate increases that will enable the Plan to meet specified funding improvement benchmarks. The rehabilitation plan must be based upon reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.

The Plan's Board of Trustees adopted a rehabilitation plan at their meeting on November 3, 2021, which was presented to the collective bargaining parties within 30 days after adoption. The rehabilitation plan consisted of one schedule, a Default Schedule, that required no benefit or contribution rate changes, because at that time the Plan was expected to emerge from critical status by the end of the rehabilitation period, as extended by Section 9702 of the American Rescue Plan Act of 2021, without any changes.

The rehabilitation plan adoption period runs from the date of the actuarial certification of critical status to the start of the rehabilitation period. In the case of this Plan, the adoption period is September 28, 2021 to June 30, 2024. During this period, the plan sponsor is unable to accept a collective bargaining agreement or participation agreement that provides for a reduction or suspension of contributions or excludes younger or newly hired employees from participation.

In addition, no amendment to the Plan can be adopted that increases the liabilities of the Plan by reason of any increase in benefits, any change in the accrual of benefits, or any change in the rate at which benefits become vested.

Following adoption of the rehabilitation plan, the Plan may not be amended in a manner inconsistent with the rehabilitation plan. Notwithstanding the foregoing and for avoidance of doubt, existing Plan provisions and employer collective bargaining agreements that provide procedures for the adoption of Plan amendments and similar actions shall not be affected by this rehabilitation plan. In addition, the Plan may not be amended to increase any benefits unless the actuary certifies the benefit improvement is consistent with the rehabilitation plan and is paid for out of contributions not required by the rehabilitation plan to meet applicable benchmarks.

Since the rehabilitation period did not begin until June 30, 2024, no measurements of scheduled progress have been made for the rehabilitation plan.

NOTE 5 - PLAN TERMINATION

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

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 5 - PLAN TERMINATION (Continued)

reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 6 - RELATED PARTY TRANSACTIONS

Through a lockbox system, a related fund, the Local Union 1710 I.B.E.W. Welfare Fund ("Welfare Fund") collects employer remittances on behalf of the Plan, and transmits to the Plan the amounts collected on the Plan's behalf. At June 30, 2024 and 2023, the Welfare Fund owed the Plan \$74,555 and \$0, respectively.

NOTE 7 - RISKS AND UNCERTAINTIES

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the disclosure to financial statements of actuarial present value of accumulated plan benefits.

The June 30, 2024 receivable for employer contributions included \$36,926 from one significant employer. Employer contributions from this employer totaled \$493,523 or 88% of total employer contributions for the year ended June 30, 2024. The June 30, 2023 receivable for employer contributions included \$49,396 from one significant employer. Employer contributions from this one employer totaled \$529,028 or 89% of total employer contributions for the year ended June 30, 2023.

Plan investments are exposed to various risks such as interest rate, market and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in risk in the near term would materially affect the amounts reported in the financial statements.

NOTE 8 - PLAN AMENDMENTS

On May 11, 2023, the Plan was amended to change the required minimum distribution age from age 72 to age 73.

On May 11, 2023, the Plan was amended to memorialize the special financial assistance ("SFA") measurement date selected by the Plan in the Plan's application for SFA on December 31, 2022.

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 9 - SUBSEQUENT EVENTS

Due to the Plan being certified as Critical and Declining on September 28, 2022, the Plan is eligible to apply for Special Financial Assistance under the American Rescue Plan Act of 2021. The amount of the assistance is not yet known but is intended, under the regulations, to be an amount sufficient for the Plan to remain solvent through the Plan year ending in 2051.

Management has evaluated subsequent events through April 3, 2025, the date on which the financial statements were available to be issued. Except as noted above, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND

FORM 5500

E.I.N. 95-3826843; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



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

Board of Trustees
Local Union 1710 I.B.E.W. Pension Trust Fund
1050 Lakes Drive, Suite 120
West Covina, California 91790

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2024 and reportable transactions 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

April 3, 2025

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-3826843; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>		<u>Fair Value</u>	<u>Cost</u>
	<u>Short-Term Investment Fund</u>		
8,316	First American Treasury Obligation Fund	<u>\$ 8,316</u>	<u>\$ 8,316</u>
	<u>Common/Collective Trust</u>		
25,602	IBEW-NECA Equity Index Fund	<u>\$ 3,067,392</u>	<u>\$ 979,842</u>
	<u>Limited Liability Entity</u>		
19	American Core Realty Fund, LP	<u>\$ 2,294,375</u>	<u>\$ 2,277,489</u>
	<u>Mutual Funds</u>		
28,407	Dodge and Cox International Stock Fund	\$ 1,440,503	\$ 1,170,736
25,727	American Funds EuroPacific Growth Fund	1,473,151	1,279,605
5,540	Vanguard Extended Market Index Fund	709,433	413,993
691,676	Metropolitan West Total Return Fund	5,789,326	6,721,582
166,908	Vanguard Short Term Bond Index Fund	<u>1,675,752</u>	<u>1,674,031</u>
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 11,088,165</u>	<u>\$ 11,259,947</u>

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-3826843; PLAN NO. 001
JULY 1, 2023 TO JUNE 30, 2024

Issuer	Description	Transaction	Interest Rate	Maturity Date	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
First American Treasury Obligation Fund	Short-Term Investment Fund	Purchases	-	-	\$ 6,104,302	\$ -	\$ 6,104,302	\$ -
		Sales	-	-	-	6,098,651	6,098,651	-
IBEW-NECA Equity Index Fund	Common/Collective Trust	Sales	-	-	-	1,405,000	506,911	898,089
Metropolitan West Total Return Fund	Mutual Fund	Purchases	-	-	1,374,138	-	1,374,138	-
		Sales	-	-	-	285,000	336,890	(51,890)
Vanguard Short Term Bond Index Fund	Mutual Fund	Purchases	-	-	1,674,031	-	1,674,031	-
Vanguard Inflation Protected Securities Fund	Mutual Fund	Purchases	-	-	27,284	-	27,284	-
		Sales	-	-	-	938,666	1,036,474	(97,808)

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

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

Schedule MB, line 8(b)2 – Schedule of Active Participant Data																
YEARS OF CREDITED SERVICE																
Attained Age	Under 1			1 to 4			5 to 9			No.	10 to 14			15 to 19		
	Average		Mon. Ben.*	Average		Mon. Ben.*	Average		Mon. Ben.*		Average		Mon. Ben.*	Average		Mon. Ben.*
	No.	Comp.*		No.	Comp.*		No.	Comp.*			No.	Comp.*		No.	Comp.*	
Accrued																
Under 25	8			3			0			0			0			
25 - 29	18			17			3			0			0			
30 - 34	10			9			7			0			0			
35 - 39	6			12			7			2			2			
40 - 44	6			15			8			4			0			
45 - 49	1			15			5			1			1			
50 - 54	4			6			5			3			2			
55 - 59	2			9			6			3			2			
60 - 64	0			3			6			1			0			
65 – 69	0			1			1			0			0			
70 & Up	0			2			0			0			0			

* Shown only for Plans with 1,000 or more participants

Schedule MB, line 8(b)2 – Schedule of Active Participant Data																
YEARS OF CREDITED SERVICE																
Attained Age	20 to 24			25 to 29			30 to 34			No.	35 to 39			40 & Up		
	Average		Mon. Ben.*	Average		Mon. Ben.*	Average		Mon. Ben.*		Average		Mon. Ben.*	Average		Mon. Ben.*
	No.	Comp.*		No.	Comp.*		No.	Comp.*			No.	Comp.*		No.	Comp.*	
	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*		No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*
Under 25	0			0			0			0				0		
25 - 29	0			0			0			0				0		
30 - 34	0			0			0			0				0		
35 - 39	0			0			0			0				0		
40 - 44	1			0			0			0				0		
45 - 49	0			1			0			0				0		
50 - 54	2			0			0			0				0		
55 - 59	3			0			2			1				0		
60 - 64	3			0			1			3				1		
65 – 69	3			0			0			1				1		
70 & Up	0			0			0			0				0		

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

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

	July 1, 2023	July 1, 2022
Actuarial Cost Method	Projected Unit Credit	Projected Unit Credit
Interest Rate	6.75%	6.75%
RPA '94 Current Liability	2.85%	2.27%
Mortality		
Healthy Lives	Pri-2012 Mortality with Blue Collar Adjustment, with Generational Projection Using Scale MP-2021	Pri-2012 Mortality with Blue Collar Adjustment, with Generational Projection Using Scale MP-2021
Post-disability mortality	Pri-2012 Disabled Annuitant Mortality, with Generational Projection using Scale MP-2021	Pri-2012 Disabled Annuitant Mortality, with Generational Projection using Scale MP-2021
Current Liability	RP-2014 with prescribed projection	RP-2014 with prescribed projection
Disability	None	None
Withdrawal Rates	See attached	See attached
Retirement Age	Age 65	Age 65
Future Contributions	\$592,100 for 2023-24 and thereafter, plus scheduled withdrawal liability payments	\$561,100 for 2022-23 and thereafter, plus scheduled withdrawal liability payments
Future Credited Contributions	Based on each employee's credited contributions during last completed plan year	Based on each employee's credited contributions during last completed plan year
Administrative Expenses	\$375,000 per year	\$350,000 per year
Administrative Expenses Increase	2.00%	2.00%
Other		
Missing Data – no spouse birth date	Males 3 years older than females	Males 3 years older than females
Missing Data – no participant birth date	Age 35 at age of entry	Age 35 at age of entry
Inactive Vested –	Assumed deceased over age 75	Assumed deceased over age 75
Asset Valuation Method	Market value of assets w/ investment returns recognized over 5 year period, with phase-in from July 1, 2021	Market value of assets w/ investment returns recognized over 5 year period, with phase-in from July 1, 2021

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (continued)

Probabilities of Separation from Active Service

Based on actual experience for the years 1988 to 1991 and anticipated as follows:

Age	0-2 Years Service	After 2 Years Service
20	25%	11.94%
30	25%	11.24%
35	20%	10.55%
40	15%	9.40%
50	10%	4.83%
60	10%	0.16%

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

- Experience gains and losses. After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.
- Method changes. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

Weighted Average Retirement Age

(A) Age	(B) Retirement Rate	(C) Number Active at Beginning of year =[(C)-(D)] prior year	(D) Retiring at Age Shown =(B) x (C)	(E) Active at End of Year =(C) - (D)	(F) Retirement Age (weight) =(A) x (D)
Under 64	0%	1.0000	0.0000	1.0000	0.0000
65	100%	1.0000	1.0000	0.0000	65.0000
Total					65.0000

65.0000 is the expected retirement age in the absence of other decrements.

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.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final 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	1b Three-digit plan number (PN) ▶
LOCAL UNION 1710 IBEW PENSION TRUST FUND	001
	1c Effective date of plan
	07/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)
Mailing address (include room, apt., suite no. and street, or P.O. Box)	95-3826843
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number
BOARD OF TRUSTEES,	626-646-1090
LOCAL UNION 1710 IBEW PENSION TRUST FUND	2d Business code (see instructions)
1050 LAKES DR STE 120	238210
WEST COVINA, CA 91790	

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	<i>Katy Cole</i>	4/9/2025 7:59 PM EDT	<i>Katy Cole</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Norman Briggs</i>	4/9/2025 6:03 PM EDT	
	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

Form 5500 (2023)

Page **2**

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 95-3826843 3c Administrator's telephone number 626-646-1090
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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 1996
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 289
a(2) Total number of active participants at the end of the plan year	6a(2) 257
b Retired or separated participants receiving benefits	6b 794
c Other retired or separated participants entitled to future benefits.	6c 751
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 128
f Total. Add lines 6d and 6e.	6f 1930
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 2

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) - Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 _____

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-3826843; PLAN NO. 001
JULY 1, 2023 TO JUNE 30, 2024

Issuer	Description	Transaction	Interest Rate	Maturity Date	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
First American Treasury Obligation Fund	Short-Term Investment Fund	Purchases	-	-	\$ 6,104,302	\$ -	\$ 6,104,302	\$ -
		Sales	-	-	-	6,098,651	6,098,651	-
IBEW-NECA Equity Index Fund	Common/Collective Trust	Sales	-	-	-	1,405,000	506,911	898,089
Metropolitan West Total Return Fund	Mutual Fund	Purchases	-	-	1,374,138	-	1,374,138	-
		Sales	-	-	-	285,000	336,890	(51,890)
Vanguard Short Term Bond Index Fund	Mutual Fund	Purchases	-	-	1,674,031	-	1,674,031	-
Vanguard Inflation Protected Securities Fund	Mutual Fund	Purchases	-	-	27,284	-	27,284	-
		Sales	-	-	-	938,666	1,036,474	(97,808)

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LOCAL UNION 1710 I. B. E. W. PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND	D Employer Identification Number (EIN) 95-3826843

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 17,108,332
(2) Actuarial value of assets for funding standard account	1b(2) 18,790,175
c (1) Accrued liability for plan using immediate gain methods	1c(1) 23,161,429
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 23,161,429
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 33,898,398
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4,990
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2,221,993
(3) Expected plan disbursements for the plan year	1d(3) 2,215,062

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

SIGN HERE Grant Camp Signature of actuary KENNETH GRANT CAMP, F.S.A. Type or print name of actuary MILLIMAN, INC. Firm name 19200 VON KARMAN AVENUE SUITE 950 IRVINE CA 92612 Address of the firm	3/27/2025 Date 2307456 Most recent enrollment number 714-634-8447 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17,108,332
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	971	20,878,921
(2) For terminated vested participants	697	12,349,599
(3) For active participants:		
(a) Non-vested benefits		6,090
(b) Vested benefits		663,788
(c) Total active	239	669,878
(4) Total	1,907	33,898,398
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.46 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	702,481				
Totals ▶			3(b)	702,481	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 140,085

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." ☒		2038

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

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	362,950
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	679,839	68,823

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0
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9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	365,046

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	11,517,327
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	145,406
e Total charges. Add lines 9a through 9d	9e	2,299,567

Credits to funding standard account:

f Prior year credit balance, if any	9f	4,933,738
g Employer contributions. Total from column (b) of line 3	9g	702,481

	Outstanding balance	
h Amortization credits as of valuation date	9h	2,212,335

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	378,478
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	8,683,658
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,358,371
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	6,342,531
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	4,042,964
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Footnotes

Line 3

Employer contributions are received monthly in accordance with collective bargaining agreements.
No employee contributions.

Local Union 1710 I.B.E.W. Pension Trust Fund
Actuarial Certification Under PPA for Plan Year Beginning July 1, 2023

Plan Identification

Plan Name: Local Union 1710 I.B.E.W. Pension Trust Fund
Plan Sponsor: Board of Trustees of the Local Union 1710 I.B.E.W. Pension Trust Fund
Plan Year: Plan Year beginning July 1, 2023
EIN/PN: 95-3826843 / 001
Address: 1050 Lakes Drive, Suite 120
West Covina, CA 91790
Telephone Number: (626) 646-1081

Enrolled Actuary Identification

Name: Kenneth Grant Camp
EA Number: 23-07456
Firm: Milliman, Inc.
Address: 19200 Von Karman Avenue
Suite 950
Irvine, CA 92612
Telephone Number: (714) 933-1090

Information on Plan Status

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the plan year ended June 30, 2023, except as noted below, I hereby certify that the Local Union 1710 I.B.E.W. Pension Trust Fund is considered “critical and declining” for the plan year beginning July 1, 2023 as that term is defined in Internal Revenue Code Section 432. Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions used in preparing this certification are individually reasonable and represent my best estimate of future experience. Supporting information for this certification is provided on the following pages.

Scheduled Progress Certification

The Trustees adopted a Rehabilitation Plan on November 3, 2021 in response to the Plan’s Critical status for the 2021/22 Plan Year. Under this Rehabilitation Plan, the Rehabilitation Period begins on July 1, 2024. Therefore, no measurements of Scheduled Progress have been made at this time.



Kenneth “Grant” Camp, FSA, EA, MAAA
Enrolled Actuary #23-07456

September 28, 2023

Date

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, Line 4(f) – Cash Flow Projections

Plan Year	Market Value Beginning of Year	Contributions	Benefit Payments	Administrative Expenses	Investment Return (%)	Investment Return (\$)	Market Value End of Year
2023/24	\$17,063,351	\$ 739,514	\$ 2,159,876	\$ 357,000	6.75%	\$ 1,092,770	\$16,378,759
2024/25	16,378,759	739,514	2,158,779	364,140	6.75%	1,046,359	15,641,713
2025/26	15,641,713	724,708	2,181,556	371,423	6.75%	995,119	14,808,561
2026/27	14,808,561	677,639	2,168,510	378,852	6.75%	937,505	13,876,343
2027/28	13,876,343	677,639	2,153,118	386,429	6.75%	874,840	12,889,275
2028/29	12,889,275	677,639	2,122,274	394,157	6.75%	808,980	11,859,463
2029/30	11,859,463	677,639	2,086,544	402,040	6.75%	740,392	10,788,910
2030/31	10,788,910	677,639	2,038,604	410,081	6.75%	669,455	9,687,319
2031/32	9,687,319	673,948	1,979,246	418,283	6.75%	596,673	8,560,411
2032/33	8,560,411	624,659	1,911,044	426,648	6.75%	520,957	7,368,335
2033/34	7,368,335	581,250	1,834,817	435,181	6.75%	441,298	6,120,885
2034/35	6,120,885	581,250	1,755,501	443,885	6.75%	359,439	4,862,188
2035/36	4,862,188	581,250	1,679,548	452,763	6.75%	276,704	3,587,831
2036/37	3,587,831	581,250	1,596,994	461,818	6.75%	193,125	2,303,394
2037/38	2,303,394	581,250	1,506,429	471,054	6.75%	109,126	1,016,287
2038/39	1,016,287	581,250	1,417,623	480,475	6.75%	24,881	Insolvent

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023/24	\$ 13,443	\$ 344,002	\$ 1,857,617	\$ 2,215,062
2024/25	13,537	415,490	1,780,923	2,209,950
2025/26	27,495	490,988	1,703,633	2,222,116
2026/27	30,290	546,416	1,626,051	2,202,757
2027/28	33,315	596,409	1,548,418	2,178,142
2028/29	33,061	639,510	1,470,926	2,143,497
2029/30	32,500	678,092	1,393,731	2,104,323
2030/31	34,646	703,097	1,316,966	2,054,709
2031/32	37,342	716,622	1,240,754	1,994,718
2032/33	37,354	722,015	1,165,217	1,924,586
2033/34	39,969	716,344	1,090,481	1,846,794
2034/35	39,524	710,620	1,016,692	1,766,836
2035/36	38,605	707,627	944,007	1,690,239
2036/37	38,175	696,215	872,607	1,606,997
2037/38	37,026	675,976	802,689	1,515,691
2038/39	35,964	655,562	734,471	1,425,997
2039/40	34,682	631,682	668,185	1,334,549
2040/41	33,341	607,250	604,093	1,244,684
2041/42	33,479	581,467	542,483	1,157,429
2042/43	32,050	553,480	483,660	1,069,190
2043/44	30,508	525,601	427,930	984,039
2044/45	28,833	497,379	375,577	901,789
2045/46	27,557	466,594	326,842	820,993
2046/47	25,838	435,572	281,912	743,322
2047/48	24,192	404,152	240,910	669,254
2048/49	22,426	371,924	203,892	598,242
2049/50	20,819	340,104	170,844	531,767
2050/51	19,074	308,781	141,685	469,540
2051/52	17,384	278,263	116,264	411,911
2052/53	15,900	248,944	94,376	359,220
2053/54	14,317	220,983	75,767	311,067
2054/55	12,875	194,586	60,145	267,606
2055/56	11,457	169,995	47,201	228,653
2056/57	10,173	147,351	36,617	194,141

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

**Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit
Payouts (Continued)**

2057/58	8,977	126,754	28,077	163,808
2058/59	7,891	108,202	21,278	137,371
2059/60	6,925	91,661	15,938	114,524
2060/61	6,060	77,113	11,799	94,972
2061/62	5,286	64,423	8,635	78,344
2062/63	4,634	53,465	6,247	64,346
2063/64	4,035	44,103	4,468	52,606
2064/65	3,513	36,179	3,159	42,851
2065/66	3,060	29,529	2,208	34,797
2066/67	2,669	23,989	1,525	28,183
2067/68	2,329	19,406	1,041	22,776
2068/69	2,034	15,635	702	18,371
2069/70	1,778	12,546	467	14,791
2070/71	1,555	10,025	306	11,886
2071/72	1,359	7,975	197	9,531
2072/73	1,188	6,313	125	7,626

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, Line 8(b)3 – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023/24	\$ 581,250	\$ 158,264	\$ 739,514
2024/25	581,250	158,264	739,514
2025/26	581,250	143,458	724,708
2026/27	581,250	96,389	677,639
2027/28	581,250	96,389	677,639
2028/29	581,250	96,389	677,639
2029/30	581,250	96,389	677,639
2030/31	581,250	96,389	677,639
2031/32	581,250	92,698	673,948
2032/33	581,250	43,409	624,659

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

The Plan was first certified in Critical status at July 1, 2021. Subsequent to the certification, the Trustees adopted a Rehabilitation Plan on November 2, 2021. Under the Rehabilitation Plan, the Rehabilitation Period begins on July 1, 2024. Therefore no measurements of Scheduled Progress can be made.

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

The following are the principal features of the Plan.

Plan Effective Date

July 1, 1974; amended July 1, 1977, amended July 1, 1979, amended July 1, 1980, amended July 1, 1982, amended and restated effective January 3, 1984, amended July 1, 1986, amended July 1, 1987, amended July 1, 1989, amended July 1, 1990, amended July 1, 1991, amended July 1, 1992, amended July 1, 1995, amended July 1, 1996, amended July 1, 1997, amended July 1, 1998, amended July 1, 2005, amended April 1, 2009, and amended July 1, 2011.

Parties to Pension Agreement

Signatory employers in the lighting fixtures industry and Local Union No. 1710, I.B.E.W., AFL-CIO.

Contributions

Employers contribute at a negotiated fixed rate for each hour for which the employee is paid up to a total of 40 hours in any week.

Service Credits

- a) Past Service – Credits granted prior to effective date of the Plan. One year of service is granted for each year of past service entitlement in covered employment. Maximum of 15 years.
- b) Future Service – Credits earned subsequent to effective date of the Plan as follows:

Hours Worked in Plan Year	Year of Service Credit
1,000 or more	1.00
780 but less than 1,000	.80
610 but less than 780	.60
440 but less than 610	.40
270 but less than 440	.20
less than 270	.00

Credited Contributions

The amount of contributions paid on behalf of an employee for covered employment from July 1, 1974 except those excluded by reason of a Break-In-Service.

Vesting

5 years of Service Credits, including 1 year of Future Service Credit.

Normal Retirement

- a) Eligibility – Age 65 and has at least 5 years of Service Credits, including 1 year of Future Service Credit.
- b) Benefit Amount – \$5.00 of monthly benefit for each year of Past Service Credit, 4.20% of Credited Contributions to June 30, 1998, 1.45% of Credited Contributions after June 30, 1998, to June 30, 2005, and 0.01% of Credited Contributions after June 30, 2005.
- c) Benefit Form – 3 years certain and life thereafter. Effective July 1, 2011, the benefit form is a single life annuity with no certain period for inactive vested participants and for employees of employers who have adopted the Alternative Schedule of the Rehabilitation Plan.

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions (continued)

Early Retirement

- a) Eligibility – Age 55 and has at least 5 years of Service Credits.
- b) Benefit Amount – Equal to accrued normal benefit reduced by 1/2% for each month early.
- c) Benefit Form – 3 years certain and life thereafter. Effective July 1, 2011, the benefit form is a single life annuity with no certain period for inactive vested participants and for employees of employers who have adopted the Alternative Schedule of the Rehabilitation Plan.

Disability Retirement

- a) Eligibility – At any age but at least 10 years of Service Credits, including 1 year of Future Service Credit.
- b) Benefit Amount – Equal to accrued normal benefit to date of disablement.
- c) Benefit Form – 3 years certain and life thereafter. Effective July 1, 2011, the benefit form is a single life annuity with no certain period for inactive vested participants and for employees of employers who have adopted the Alternative Schedule of the Rehabilitation Plan.

Disability Retirement was eliminated as of April 1, 2009.

Postponed Retirement

Retirement may be postponed beyond age 65 but credits may not be earned after age 72 unless such credits are needed to obtain years of Service Credits.

Break-in Service

A Break-In-Service shall occur, when the employee fails to earn any Service Credits in a period of 2 consecutive Plan Years; and if the employee is not vested, the years of Service credits or Credited Contributions accrued prior to such Break-In-Service shall not be counted in determining pension benefits, if the consecutive years of Break-In-Service equal or exceed the greater of (i) 5, or (ii) the aggregate number of years prior to such Break-In-Service.

Pre-Retirement Survivor's Death Benefit

A surviving spouse, married for a least one year, shall be entitled to a death benefit, upon the death of the participant, if he has at least 5 years of Service Credits. The monthly benefit is equal to 50% of the benefit the participant would have received had he terminated employment, if still employed, on the date of his death and retired on the Qualified Joint and Survivor Annuity form on the date of his earliest retirement age.

Post-Retirement Death Benefit

Effective July 1, 1999, a \$5,000 lump sum death benefit is to be paid to a retiree's designated beneficiary if the retiree dies while in pay status. This amount is in addition to any other death benefit provided by the form of benefit elected by the Participant. Effective July 1, 2005, the \$5,000 lump sum death benefit is only payable to retirees as of July 1, 2005 and any future retirees who were vested as of July 1, 2005, and who had service between July 1, 1998 and June 30, 2005.

The Post-Retirement Death Benefit was eliminated as of April 1, 2009.

LOCAL UNION 1710 I.B.E.W. PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-3826843; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>		<u>Fair Value</u>	<u>Cost</u>
	<u>Short-Term Investment Fund</u>		
8,316	First American Treasury Obligation Fund	<u>\$ 8,316</u>	<u>\$ 8,316</u>
	<u>Common/Collective Trust</u>		
25,602	IBEW-NECA Equity Index Fund	<u>\$ 3,067,392</u>	<u>\$ 979,842</u>
	<u>Limited Liability Entity</u>		
19	American Core Realty Fund, LP	<u>\$ 2,294,375</u>	<u>\$ 2,277,489</u>
	<u>Mutual Funds</u>		
28,407	Dodge and Cox International Stock Fund	\$ 1,440,503	\$ 1,170,736
25,727	American Funds EuroPacific Growth Fund	1,473,151	1,279,605
5,540	Vanguard Extended Market Index Fund	709,433	413,993
691,676	Metropolitan West Total Return Fund	5,789,326	6,721,582
166,908	Vanguard Short Term Bond Index Fund	<u>1,675,752</u>	<u>1,674,031</u>
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 11,088,165</u>	<u>\$ 11,259,947</u>

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843 PN: 001
Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status



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September 28, 2023

Internal Revenue Service
Employee Plans
CHI-7602 25th Floor
230 S. Dearborn Street
Chicago, IL 60604

Board of Trustees
Local Union 1710 I.B.E.W. Pension Trust Fund
1050 Lakes Drive, Suite 120
West Covina, CA 91790

**Re: Pension Protection Act (PPA) Actuarial Certification –
Local Union 1710 I.B.E.W. Pension Trust Fund**

In accordance with IRC Section 432(b)(3)(A), we have prepared the attached actuarial certification for the plan year beginning July 1, 2023 for the Local Union 1710 I.B.E.W. Pension Trust Fund.

In my opinion, the assumptions used for the actuarial certification are individually reasonable based on the experience of the plan and on reasonable expectations of anticipated experience under the plan. The projections in this certification are dependent on the assumptions used. Differences between these projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions to be used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

I am a member of the American Academy of Actuaries (AAA) who meets the Qualification Standards of the AAA to render the actuarial opinion contained herein, I hereby certify that, to the best of my knowledge and belief, this certification is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

Sincerely,

A handwritten signature in black ink that reads "Grant Camp". The signature is stylized with a large "G" and a cursive "Camp".

Kenneth "Grant" Camp, FSA, EA, MAAA
Principal and Consulting Actuary

encl.

cc: Plan Administrator
Plan Counsel
Plan Auditor
Plan Investment Consultant

Local Union 1710 I.B.E.W. Pension Trust Fund
Actuarial Certification Under PPA for Plan Year Beginning July 1, 2023

Plan Identification

Plan Name: Local Union 1710 I.B.E.W. Pension Trust Fund
Plan Sponsor: Board of Trustees of the Local Union 1710 I.B.E.W. Pension Trust Fund
Plan Year: Plan Year beginning July 1, 2023
EIN/PN: 95-3826843 / 001
Address: 1050 Lakes Drive, Suite 120
West Covina, CA 91790
Telephone Number: (626) 646-1081

Enrolled Actuary Identification

Name: Kenneth Grant Camp
EA Number: 23-07456
Firm: Milliman, Inc.
Address: 19200 Von Karman Avenue
Suite 950
Irvine, CA 92612
Telephone Number: (714) 933-1090

Information on Plan Status

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the plan year ended June 30, 2023, except as noted below, I hereby certify that the Local Union 1710 I.B.E.W. Pension Trust Fund is considered “critical and declining” for the plan year beginning July 1, 2023 as that term is defined in Internal Revenue Code Section 432. Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions used in preparing this certification are individually reasonable and represent my best estimate of future experience. Supporting information for this certification is provided on the following pages.

Scheduled Progress Certification

The Trustees adopted a Rehabilitation Plan on November 3, 2021 in response to the Plan’s Critical status for the 2021/22 Plan Year. Under this Rehabilitation Plan, the Rehabilitation Period begins on July 1, 2024. Therefore, no measurements of Scheduled Progress have been made at this time.



Kenneth “Grant” Camp, FSA, EA, MAAA
Enrolled Actuary #23-07456

September 28, 2023

Date

Local Union 1710 I.B.E.W. Pension Trust Fund
Actuarial Certification Under PPA for Plan Year Beginning July 1, 2023

Summary of Assumptions/Methods

- The IRC Section 432(b) funding measurements are based on:
 - July 1, 2022 participant data and the July 1, 2022 actuarial valuation results, as provided in our actuarial report dated June, 2023.
 - The active population is assumed to remain stable for each Plan year after June 30, 2023.
 - Estimated July 1, 2023 actuarial assets based on unaudited financial statements as of June 30, 2023 provided by the Fund office. The estimated rate of return on the market value of assets is 5.5% net of investment-related administrative expenses for the plan year ended June 30, 2023.
 - Future investment returns on the market value of assets are assumed to be 6.75% (net of investment-related expenses) for every year after the Plan year ended June 30, 2023. No additional investment gains or losses other than the gains or losses related to the asset smoothing method are reflected. Projection of the Funding Standard Account reflects an experience loss as of July 1, 2023 due to investment performance based on year-end unaudited financial statements.
 - Contributions for the 2022/23 Plan year are based on the year-end unaudited financial statements. Assumed contributions (excluding withdrawal liability payments) are \$581,000 for each Plan year after the 2022/23 Plan year. The assumption for total future annual contributions also reflect anticipated withdrawal liability payments for each Plan year pursuant to the withdrawal liability payment schedules. Employer contribution rates are based upon the rates pursuant to the collective bargaining agreements plus those imposed by the Fund as part of the Default Schedule of the Rehabilitation Plan.
 - Annual administrative expenses increasing by 2.0% per year starting from \$357,000 in the 2023/24 Plan year.
 - All other plan provisions, actuarial assumptions, and actuarial methods are the same as those used to determine July 1, 2022 actuarial valuation results.
- The actuarial certification is based on: 1) the proposed Multiemployer Plan Funding Guidance provided by the IRS on March 18, 2008, 2) the December 2007 Practice Note issued by the Multiemployer Plans Subcommittee of the Pension Committee of the American Academy of Actuaries, 3) the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010” (PRA 2010), 4) IRS Notice 2010-83, 5) the “Multiemployer Pension Reform Act of 2014 (MPRA), and 6) action taken by the Board of Trustees prior to the mailing of this certification.
- Appendix E of the July 1, 2022 actuarial valuation includes a risk assessment, disclosure, and key plan maturity metrics applicable to these calculations.
- The valuation results were developed using models intended for valuations that use standard actuarial techniques.

Local Union 1710 I.B.E.W. Pension Trust Fund
Actuarial Certification Under PPA for Plan Year Beginning July 1, 2023

▪ **IRC Section 432(b) Funding Measurements**

Projection of Credit Balance

Plan Year Beginning	Contribution	Funded % Beginning of Year	Credit Balance at End of Year w/ Amortization Extension Under IRC Section 431(d)	Credit Balance at End of Year w/o Amortization Extension Under IRC Section 431(d)
7/1/2022	\$747,000	83.6%	\$ 4,888,451	\$ 1,671,144
7/1/2023	740,000	80.9%	4,049,756	721,165
7/1/2024	740,000	77.8%	3,183,014	Projected Funding Deficiency
7/1/2025	725,000	74.4%	2,216,501	Projected Funding Deficiency
7/1/2026	678,000	70.5%	1,101,709	Projected Funding Deficiency
7/1/2027	678,000	68.5%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2028	678,000	66.5%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2029	678,000	64.1%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2030	678,000	61.3%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2031	674,000	58.1%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2032	625,000	54.3%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2033	581,000	49.6%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2034	581,000	43.8%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2035	581,000	37.1%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2036	581,000	29.3%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2037	581,000	20.1%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2038	581,000	9.5%	Projected Funding Deficiency	Projected Funding Deficiency
7/1/2039	581,000	0.0%	Projected Funding Deficiency	Projected Funding Deficiency

The Plan has an accumulated funding deficiency projected in two years before reflecting in reflecting the amortization extensions under IRC Section 431(d) and in five years after reflecting the amortization extensions.

Funded Percentage

The funded percentage as of July 1, 2023 is projected to be 80.9%.

Critical Status Emergence Test

The Plan was certified in critical status for the 2021 plan year and critical and declining status for the 2022 plan year. The Plan is projected to have an accumulated funding deficiency beginning in plan year 2027 and is not projected to remain solvent over the next 30 plan years. Therefore, the Plan has not emerged from critical and declining status under Code Section 432(e)(4)(B)(ii).

Solvency Tests

The Plan is projected to become insolvent in the 2038 plan year, which is within the next 19 plan years and the inactive to active ratio is more than 2 to 1. Thus, the Plan fails the “solvency tests” under IRC Section 432(b)(6).

Conclusion

The Plan is “critical and declining” for the Plan Year beginning July 1, 2023 as that term is defined in Internal Revenue Code Section 432.

Local Union 1710 I.B.E.W. Pension Trust Fund
Actuarial Certification Under PPA for Plan Year Beginning July 1, 2023

Summary of Zone Status Definitions under PPA as Amended by MEPRA

Critical (“Red Zone”) Status - IRC Section 432(b)(2) and 432(b)(4)

Any one of four “solvency” tests under IRC Section 432(b)(2):

- Test 1 Less than 65% funded and market value of assets plus contributions for current year plus next following 6 plan years is less than present value of projected benefit payments and administrative costs over that 7-year period or
- Test 2 Projected funding deficiency in current year or next following 3 plan years (4 plan years if 65% funded or less)¹ or
- Test 3 Present value of vested benefits (actives) is less than present value of benefits (inactives), and present value of projected contributions is less than the unit credit normal cost plus interest on the unfunded present value of accrued benefits and projected funding deficiency in current or next 4 plan years¹ or
- Test 4 Market assets plus projected contributions over current year plus next 4 plan years is less than the present value of benefit payments plus administrative costs over same 5 year period.

A plan in critical status that has an automatic extension of amortization periods under section 431(d)(1) shall no longer be in critical status if the plan actuary certifies for a plan year that the plan is not projected to have an accumulated funding deficiency for the plan year or any of the succeeding 9 plan years, and is not projected to become insolvent for any of the next 30 plan years.

Within 30 days after the date of this certification, a plan that is not in critical status but is projected to be in critical status in any of the succeeding 5 plan years may elect under IRC Section 432(b)(4) to be in critical status effective for the current plan year.

Critical and Declining (“Deep Red Zone”) Status – IRC Section 432(b)(6)

In critical status and either:

- Projected insolvency in current year or any of the 14 following plan years or
- Projected insolvency in current year or any of the 19 following plan years if:
 - Ratio of ratio of inactive participants to active participants exceeds 2 to 1 or
 - Less than 80% funded

Endangered (“Yellow Zone”) Status – IRC Section 432(b)(1)

Not in critical status and either:

- Less than 80% funded or
- Projected funding deficiency in current plan year or next following 6 plan years²

Seriously Endangered (“Orange Zone”) Status - IRC Section 432(b)(1)

Not in critical status and both:

- Less than 80% funded and
- Projected funding deficiency in current plan year or next following 6 plan years²

¹ Not taking into account an extension of amortization periods under IRC Section 431(d), if any

² Taking into account an extension of amortization periods under IRC Section 431(d), if any

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

The funded percentage as of July 1, 2023 was expected to be 80.9%.

An accumulated funding deficiency was projected to occur at the end of the 2024 Plan year, as developed below.

Plan Year Beginning	Credit Balance End of Year (w/o extensions)
7/1/2022	\$ 1,671,144
7/1/2023	721,165
7/1/2024	(98,635)
7/1/2025	(904,131)
7/1/2026	(1,728,059)

The Plan is projected to become insolvent in the 2038 plan year, as developed under attachment Schedule MB, Line 4(f) – Cash Flow Projections, which is within the next 19 plan years and the inactive to active ratio is more than 2 to 1

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, Line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amount	Lump Sum Amount	Total Amount
7/31/2023	\$ 13,189	\$ 0	\$ 13,189
8/31/2023	13,188	0	13,188
9/30/2023	13,189	0	13,189
10/31/2023	13,189	0	13,189
11/30/2023	13,188	0	13,188
12/31/2023	13,189	0	13,189
1/31/2024	8,848	0	8,848
2/29/2024	3,691	0	3,691
3/31/2024	21,871	0	21,871
4/30/2024	8,848	0	8,848
5/31/2024	3,691	0	3,691
6/30/2024	14,004	0	14,004

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (With Automatic Extension)

Interest rate = 6.75%

Description	Date Established	Initial Amortization Base	Outstanding Balance	Remaining Period	Annual Amortization
Charges					
Amendment	07/01/79	\$ 934,681	\$ 41,292	1	\$ 41,292
Amendment	07/01/90	430,772	42,240	2	21,810
Amendment	07/01/91	262,514	39,345	3	13,980
Amendment	07/01/92	214,169	43,210	4	11,883
Amendment	07/01/93	1,258,074	318,115	5	72,194
Assumption Change	07/01/95	963,297	337,886	7	58,221
Amendment	07/01/96	850,866	337,795	8	52,480
Amendment	07/01/96	791,137	314,071	8	48,795
Amendment	07/01/97	624,104	275,362	9	39,172
Amendment	07/01/98	2,253,346	1,089,189	10	143,596
Amendment	07/01/99	1,127,654	590,228	11	72,818
Experience loss	07/01/04	934,312	60,427	1	60,427
Assumption Change	07/01/04	154,635	107,265	16	10,461
Experience loss	07/01/05	364,721	48,720	2	25,155
Experience loss	07/01/06	295,107	60,264	3	21,413
Experience loss	07/01/08	70,903	24,425	5	5,543
Experience loss	07/01/09	2,525,670	1,041,410	6	203,091
Experience loss	07/01/10	777,096	371,366	7	63,989
Experience loss	07/01/11	240,731	130,203	8	20,229
Experience loss	07/01/12	1,120,054	673,297	9	95,780
Experience loss	07/01/13	367,025	241,708	10	31,866
Experience loss	07/01/15	506,557	297,563	7	51,273
Assumption Change	07/01/06	699,788	455,556	8	70,776
Experience loss	07/01/16	778,028	506,488	8	78,689
Experience loss	07/01/17	635,155	451,587	9	64,241
Experience loss	07/01/18	613,648	470,784	10	62,067
Experience loss	07/01/19	201,068	164,844	11	20,337
Assumption Change	07/01/19	439,495	360,315	11	44,453
Experience loss	07/01/20	764,055	664,092	12	77,283
Assumption Change	07/01/21	456,276	417,664	13	46,153
Experience Loss	07/01/22	330,684	317,270	14	33,477
Assumption Change	07/01/22	566,488	543,507	14	57,348
Experience Loss	07/01/23	679,839	<u>679,839</u>	15	<u>68,823</u>
Total Charges			\$11,517,327		\$1,789,115

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (With Automatic Extension) (Continued)

Credits

Assumption Change	07/01/13	\$ 485,515	\$ 216,899	5	\$ 49,223
Experience gain	07/01/14	97,580	50,687	6	9,885
Experience gain	07/01/21	813,703	744,845	13	82,307
Change in Asset method	07/01/21	1,415,334	<u>1,199,904</u>	8	<u>186,419</u>
Total Credits			\$ 2,212,335		\$ 327,834

Local Union 1710 I.B.E.W. Pension Trust Fund
EIN: 95-3826843
Plan Number: 001
Attachments to 2023 Schedule MB

Schedule MB, line 11 – Assumption Changes

Expense Assumption

The expense assumption was raised from \$350,000 to \$375,000 to more closely reflect recent experience. For future projections of expenses we have maintained an assumed increase of 2.0% per year from this level.

RPA Interest Assumption

The RPA interest assumption was changed from 2.27% to 2.85% in order to remain within the permitted range.

The changes to the expense and RPA Interest assumptions had no impact on the Unfunded Actuarial Accrued Liability.