

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
2b Employer Identification Number (EIN): 95-6209008
2c Plan Sponsor's telephone number: 408-288-4400
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1093
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)	378
	6a(2)	375
	6b	442
	6c	181
	6d	998
	6e	110
	6f	1108
	6g(1)	
6g(2)		0
6h		60
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	82

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) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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

▶ **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 <u>CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA</u>	D Employer Identification Number (EIN) <u>95-6209008</u>	

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)	<u>123094786</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>136766280</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>143627519</u>
(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)	<u>138323986</u>
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)	<u>240116908</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>4721224</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>11088575</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>11378935</u>

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		<u>04/02/2025</u>
	Signature of actuary	Date
	<u>NANCY TEAGUE LEE</u>	<u>23-07500</u>
	Type or print name of actuary	Most recent enrollment number
	<u>NWPS</u>	<u>650-960-5700</u>
	Firm name	Telephone number (including area code)
	<u>160 W SANTA CLARA ST STE 1550, SAN JOSE, CA 95113</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	123094786
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	551	126736266
(2) For terminated vested participants	171	33114858
(3) For active participants:		
(a) Non-vested benefits		3112860
(b) Vested benefits		77152924
(c) Total active	378	80265784
(4) Total	1100	240116908
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.26 %

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	4201332	0			
			Totals ▶	3(b)	3(c)
				4201332	0
					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	3	3	
(2) Females	6c(2)	3	3	
d Valuation liability interest rate.....	6d	6.75 %	6.75 %	
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g		2.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h		5.8 %	
i Expense load included in normal cost reported in line 9b	6i		<input type="checkbox"/> 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)		290360	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5414063	548087
3	525000	525000

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	1771624

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)	35911163	6825884
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		580332
e Total charges. Add lines 9a through 9d.....	9e		9177840
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		6639687
g Employer contributions. Total from column (b) of line 3.....	9g		4201332
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	22410237	3938528
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		853509
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	30587808	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	81972188	
(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		15633056
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		6455216
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 CENTRAL CALIFORNIA IBEW-NECA 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, CENTRAL CALIFORNIA IBEW-NECA	D Employer Identification Number (EIN) 95-6209008	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

INVESCO TRUST COMPANY

46-3793325

(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

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

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

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

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

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

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

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

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

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

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)

DODGE AND COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED ADMINISTRATIVE SERVICES, INC

94-1749354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	94848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57562	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NEYHART, ANDERSON, FLYNN & GRSBOLL

94-2576729

(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 50	NONE	22462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOCAL 413

95-0865940

(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?
15 50	PARTY-IN-INTEREST	16863	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NWPS

4025 DELRIDGE WAY SW STE 250
SEATTLE, WA 98106

(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 50	NONE	47200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GEORGE BERLA CONSULTING

35 QUAIL CT STE 100
WALNUT CREEK, CA 94596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	43680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 50	NONE	53123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK N.A.

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?
19 50	NONE	27893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOCAL 639

36-8631520

(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?
15 50	PARTY-IN-INTEREST	9443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 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 <u>CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA</u>	D Employer Identification Number (EIN) <u>95-6209008</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN	<u>31-1772714-003</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4662053</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN	<u>52-2037618-006</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5046962</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>PNC BANK, NA</u>		
c EIN-PN	<u>52-6328901-001</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>816378</u>		
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 CENTRAL CALIFORNIA IBEW-NECA 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, CENTRAL CALIFORNIA IBEW-NECA	D Employer Identification Number (EIN) 95-6209008	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	152907	129067
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	396103	480550
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	898004	1017570
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5293271	6415426
(2) U.S. Government securities	1c(2)	68288	48685
(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)	20072586	19356819
(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)	12902604	10525393
(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)	83437003	88264821
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	123220766	126238331
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	69138	65100
i Acquisition indebtedness	1i		
j Other liabilities	1j	56842	127916
k Total liabilities (add all amounts in lines 1g through 1j)	1k	125980	193016
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	123094786	126045315

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)	4201332	
(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)		4201332
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3469	
(B) U.S. Government securities	2b(1)(B)	26	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3495
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	401779	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2937003	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3338782
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	7448246	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6555510	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		892736
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3024410	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3024410

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		546710
(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)		
c Other income.....	2c		2090910
d Total income. Add all income amounts in column (b) and enter total.....	2d		14098375

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10610163	
(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)		10610163
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)	121154	
(3) Recordkeeping fees.....	2i(3)	28253	
(4) IQPA audit fees.....	2i(4)	24870	
(5) Investment advisory and investment management fees.....	2i(5)	187078	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	47200	
(8) Legal fees.....	2i(8)	22462	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	9613	
(11) Other expenses.....	2i(11)	97053	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		537683
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11147846

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2950529
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 634517.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA</u>	D Employer Identification Number (EIN) <u>95-6209008</u>	

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): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SMITH ELECTRIC SERVICE - LOCAL 413**

b EIN **95-3672684**

c Dollar amount contributed by employer **423148**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer **TAFT ELECTRIC - LOCAL 413**

b EIN **95-2398676**

c Dollar amount contributed by employer **435062**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer **THOMA ELECTRIC, INC. - LOCAL 639**

b EIN **95-2743737**

c Dollar amount contributed by employer **328335**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer **SMITH ELECTRICAL SERVICE - LOCAL 639**

b EIN **95-3672684**

c Dollar amount contributed by employer **121453**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer **ELECTRICRAFT, INC. - LOCAL 639**

b EIN **77-0050270**

c Dollar amount contributed by employer **278405**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer **PCI ENERGY SERVICES LLC - LOCAL 639**

b EIN **37-1589100**

c Dollar amount contributed by employer **208853**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer IMPERIAL ELECTRIC - LOCAL 413

b EIN 95-2880913 **c** Dollar amount contributed by employer 212617

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer BHI ENERGY SPECIALITY SVC - LOCAL 639

b EIN 61-1717549 **c** Dollar amount contributed by employer 214684

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer ROSSI AND CARR ELEC, INC. - LOCAL 639

b EIN 95-3251518 **c** Dollar amount contributed by employer 179701

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

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

a Name of contributing employer SANTA MARIA ELECTRIC - LOCAL 413

b EIN 95-2770955 **c** Dollar amount contributed by employer 225565

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 6.90

(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: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	130
b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	135
c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	141

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 42.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 39.0 %
 High-Yield Debt: 2.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 11.0 % Other: 1.0 %

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 _____.

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

Name of Plan	CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-6209008	PN	001

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

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

Name of Plan	CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-6209008	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	CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	95-6209008	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						

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Central California IBEW-NECA
Pension Trust Fund
6800 Santa Teresa Boulevard, Suite 100
San Jose, California 95119

Members of the Board:

Opinion

We have audited the accompanying financial statements of Central California IBEW-NECA 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

San Francisco, California

February 19, 2025

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	June 30, 2024	June 30, 2023
CASH		
Checking Accounts	\$ 129,067	\$ 152,907
Savings Accounts	496,550	386,506
	\$ 625,617	\$ 539,413
INVESTMENTS - AT FAIR VALUE		
Short Term Investment Fund	5,918,876	4,906,765
Government Debt Securities	48,685	68,288
Common Stocks	19,356,819	20,072,586
Mutual Funds	88,264,821	83,437,003
Common/Collective Trusts	10,525,393	12,902,604
	124,114,594	121,387,246
TOTAL CASH AND INVESTMENTS	124,740,211	121,926,659
RECEIVABLES		
Employer Contributions	480,550	396,103
Accrued Investment Income	42,864	39,661
Due from Profit Sharing Plan	88,955	64,519
TOTAL RECEIVABLES	612,369	500,283
OTHER ASSETS		
Prepaid Benefits	852,288	787,348
Other Prepaid Expenses	33,463	6,476
TOTAL OTHER ASSETS	885,751	793,824
TOTAL ASSETS	126,238,331	123,220,766
 LIABILITIES		
ACCOUNTS PAYABLE		
Accrued Expenses	65,100	69,138
Reciprocity Contributions Payable	123,331	48,747
Prudential Benefit Advance	4,585	8,095
TOTAL LIABILITIES	193,016	125,980
NET ASSETS AVAILABLE FOR BENEFITS	\$ 126,045,315	\$ 123,094,786

CENTRAL CALIFORNIA IBEW-NECA 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		
EMPLOYER CONTRIBUTIONS	\$ 4,201,332	\$ 3,852,192
INVESTMENT INCOME		
Interest and Dividends	3,342,277	2,856,128
Net Appreciation of Investments	6,554,766	4,262,474
Less: Investment Expenses	(187,078)	(199,043)
NET INVESTMENT INCOME	9,709,965	6,919,559
TOTAL ADDITIONS	13,911,297	10,771,751
DEDUCTIONS		
BENEFITS		
Pension Benefits	10,661,016	9,973,634
Less: Reimbursements from Prudential	(50,853)	(82,877)
NET BENEFITS	10,610,163	9,890,757
ADMINISTRATIVE EXPENSES		
Printing and Office Expenses	16,874	16,216
Rent	4,267	4,267
Insurance	32,935	37,463
Pension Benefit Guaranty Corp.	38,255	37,088
Conference and Meeting Expenses	9,613	8,156
NECA-STAR Fees	2,242	2,454
Administrative Fees:		
United Administrative Services, Inc.	94,848	94,848
Local Union 413	16,863	16,863
Local Union 639	9,443	9,443
Computer Programming Fees	2,480	2,480
Actuary Fees	47,200	47,200
Audit Fees	24,870	23,300
Payroll Compliance Fees	28,253	3,333
Legal Fees	22,462	21,021
TOTAL ADMINISTRATIVE EXPENSES	350,605	324,132
TOTAL DEDUCTIONS	10,960,768	10,214,889
NET INCREASE FOR THE YEAR	2,950,529	556,862
NET ASSETS AVAILABLE FOR BENEFITS		
BALANCE, BEGINNING OF YEAR	123,094,786	122,537,924
BALANCE, END OF YEAR	\$ 126,045,315	\$ 123,094,786

(Attached notes are an integral part of this statement)

CENTRAL CALIFORNIA IBEW-NECA 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

\$ 84,591,791
51,591,600

TOTAL VESTED BENEFITS

136,183,391

NON-VESTED BENEFITS

1,615,595

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 137,798,986

CENTRAL CALIFORNIA IBEW-NECA 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 JULY 1, 2022		\$ 136,893,907
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Actuarial Experience	\$ 1,883,860	
Benefits Paid	(9,890,757)	
Increase for Interest	<u>8,911,976</u>	
NET INCREASE		<u>905,079</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JUNE 30, 2023		<u><u>\$ 137,798,986</u></u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Central California IBEW-NECA Pension Trust Fund (the “Plan”) was organized on July 1, 1966, as provided by a collective bargaining agreement between Local Union No. 413 and the National Electrical Contractors Association, Central California Coast Chapter. On July 1, 1973, Local Union No. 639 was included as a party to the Plan.

The Plan is a defined benefit multi-employer pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan provides a variety of pension, disability and death benefits to participants, and is available to all union members employed in the jurisdiction of Local Union Nos. 413 and 639.

PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. 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

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

E. Investment Valuation and Income Recognition

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

Level 1 - Inputs 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.

CENTRAL CALIFORNIA IBEW-NECA 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)

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
ASB Allegiance Real Estate Fund	\$ 5,046,962	\$ 6,809,418	None	Quarterly*	None
AFL-CIO Building Investment Trust Fund	816,378	876,860	None	Quarterly*	One Year
IBEW-NECA Equity Index Fund	4,662,053	5,216,326	None	Daily	None

* Due to increased redemption requests and reduced liquidity the fund is monitoring the redemption queues and, when available, distributing a pro-rata portion of liquid assets for redemption.

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

ASB Allegiance Real Estate Fund provides employee benefit plans access to systematic investment in real property on a commingled basis with other such plans. The real estate investments of this fund may consist of debt or equity interest of any kind.

AFL-CIO Building Investment Trust Fund invests in real estate related debt and equity real estate investments with the objective to generate competitive risk-adjusted returns.

IBEW-NECA Equity Index Fund invests in common stock and money market funds with the objective to as nearly as practical replicate the performance of the S&P 500 index, by the purchase and sale of such equities which comprise the S&P 500 Index.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Mutual fund capital gains distributions are included in dividend income. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

F. Tax-Exempt Status

The Plan received its latest determination of tax-exempt status on February 17, 2016. 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. Therefore, no provision for federal or state income tax is made.

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

G. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by actuaries from NWPS and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the latest valuation as of June 30, 2023 were: (a) assumed

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits (Continued)

investment yield of 6.75% compounded annually, net of investment expenses, (b) life expectancy of participants - 1994 Group Annuity Mortality Table, (c) administrative expenses assumed to be \$300,000 payable in mid-year, (d) entry age normal cost method with replacement, and (e) other assumptions and methods for turnover, disability incidence, and surviving spouse benefit. There were no changes to actuarial assumption from the prior year.

The Pension Protection Act (PPA) of 2006 requires pension plans to be certified annually by the actuary. The actuary certified the Plan in the green zone indicating the Plan is neither endangered nor critical condition.

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

H. Risks and Uncertainties

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

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 that changes in these assumptions in the near term would be material to the disclosure in the financial statements of actuarial present value of accumulated plan benefits.

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 agreements 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 TERMINATION

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

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 - PLAN TERMINATION (Continued)

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the 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 to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Plan uses personnel from Local Union Nos. 413 and 639 (the "Locals"), which are parties to collective bargaining agreements governing the Plan, for various administrative and accounting services benefiting Plan participants. A portion of the cost for these services is allocated between the Plan and the Central California IBEW-NECA Profit Sharing Plan ("Profit Sharing Plan"). The Locals charge a fixed monthly fee based upon time studies periodically approved by the Board of Trustees.

The Plan leases office space from Local Union No. 413 on a month-to-month lease at \$356 per month.

The Plan administrator collects and processes reciprocity contributions on behalf of the Plan and the Profit Sharing Plan. At years ended June 30, 2024 and 2023, the Profit Sharing Plan owes the Plan \$88,955 and \$64,519, respectively, for reciprocity contributions collected and processed for the Plan.

NOTE 6 - ADMINISTRATIVE EXPENSES

The Plan shares common administrative expenses with the Profit Sharing Plan. The common administrative expenses are allocated based on the ratio of each Plan's net assets available for benefits to the combined net assets available for benefits at the beginning of the plan year. The Profit Sharing Plan pays its allocated share of the common administrative expenses directly.

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through February 19, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that require recognition or additional disclosures in these financial statements.

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND

FORM 5500

SCHEDULE H, LINE 4

E.I.N. 95-6209008; 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
Central California IBEW-NECA
Pension Trust Fund
6800 Santa Teresa Boulevard, Suite 100
San Jose, California 95119

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

San Francisco, California

February 19, 2025

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

No. of Shares	Common Stocks	Fair Value	Cost
18,100	Aegon N V ADR	\$ 110,953	\$ 23,012
350	Alynlyam	85,050	72,474
2,900	Alphabet Inc	531,918	177,118
2,000	Alphabet Inc Cl A	364,300	223,084
2,000	Amazon Com Inc	386,500	64,676
1,300	American Elect Pwr Co	114,062	109,251
4,400	Anheuser Busch InBev	255,860	249,234
7,500	Avantor Inc	159,000	148,521
6,400	Baker Hughes Company	225,088	177,600
8,000	Bank of America Corp	318,160	179,194
6,700	Bank of New York Mellon Corp	401,263	208,829
3,300	Baxter International	110,385	120,789
1,650	Biomarin Pharmaceutical Inc	135,845	124,558
75	Booking Holdings Inc	297,113	118,264
2,400	Bristol Myers Squibb Co	99,672	130,285
1,125	Cigna Corp	371,891	240,514
7,600	Cvs Health Corp	448,856	517,320
2,450	Capital One Finl Corp	339,203	117,839
2,000	Carrier Global Corp Com	126,160	36,414
750	Celanese Corp	101,167	35,520
1,400	Charter Communications Inc New	418,544	427,293
3,200	Cisco Systems Inc	152,032	114,389
2,700	Cognizant Tech Solutions Cl A	183,600	197,543
1,400	Coherent Corp	101,444	75,881
8,300	Comcast Corp Class A	325,028	194,840
1,400	Conocophillips	160,132	61,339
3,000	Dominion Energy Inc	147,000	158,470
2,070	Echostar Corp	36,867	204,427
10,400	Elanco Animal Health Inc	150,072	227,914
450	Meta Platforms Inc	226,899	103,344
1,600	Fed Ex Corp	479,744	234,378
5,100	Fidelity National Info Serv	384,336	365,162
4,250	Fiserv Inc	633,420	446,067
3,900	Fox Corp Class A	134,043	129,999
1,933	Fox Corp Class B	61,895	73,115
2,000	GE Healthcare Technologies	155,840	123,462
883	Gaming & Leisure Prope W I	39,920	39,553
4,200	The Gap Inc	100,338	8,100
2,000	Ge Aerospace	317,940	98,707
4,500	Gilead Sciences Inc	308,745	309,050
725	Goldman Sachs Group Inc	327,932	96,190
9,320	GSK Plc	358,820	353,011
4,700	Hp Inc	164,594	74,924
24,496	Haleon PLC	202,337	172,736
3,400	Honda Motor Co	109,616	103,977
575	Humana Inc	214,849	200,403
1,600	Incyte Corp	96,992	121,804
2,600	Intl Flavors Fragrances	247,546	191,168
	<u>Forward</u>	<u>\$ 11,222,971</u>	<u>\$ 7,981,742</u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

No. of Shares	Common Stocks (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 11,222,971	\$ 7,981,742
8,100	Johnson Clts Intl	538,407	306,748
5,100	Juniper Networks Inc	185,946	128,758
1,900	Lyondellbasell Industries	181,754	155,065
7,400	Metlife Inc	519,406	297,277
1,000	Medtronic Plc	78,710	88,398
1,100	Microsoft Corp	491,645	80,195
2,000	Molson Coors Beverage Company	101,660	113,585
200	Neurocrine Biosciences	27,534	21,716
1,000	News Corp New Cl A W	27,570	10,285
1,450	Norfolk Southern Corp	311,301	310,650
1,700	Novartis Ag ADR	180,982	108,005
10,000	Occidental Petroleum Corp	630,300	435,762
1,387	Occidental Petroleum Corp Wt 8/03/27	57,089	6,866
5,850	Rtx Corp	587,282	402,817
275	Regeneron Pharmaceuticals Inc	289,033	167,038
4,100	Roche Holdings ADR	142,147	162,488
10,600	Sanofi ADR	514,312	462,274
10,600	Schwab Charles Corp	781,114	309,941
1,900	State Str Corp	140,600	112,874
800	Sun Communities Inc	96,272	102,830
1,350	T Mobile Us Inc	237,843	160,651
1,500	Te Connectivity Ltd Shs	225,645	92,198
6,500	Truist Financial Corp	252,525	203,615
3,100	UBS Group	91,574	50,775
475	Unitedhealth	241,899	77,106
4,500	VF Corp Com	60,750	82,639
11,900	Wells Fargo Co New Com	706,741	391,593
5,100	Williams Cos Inc Com	216,750	98,202
2,000	Zimmer Biomet Holdings Inc Com	217,057	232,909
	<u>TOTAL - COMMON STOCKS</u>	<u>\$ 19,356,819</u>	<u>\$ 13,155,002</u>

Face Value	Government Debt Securities	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 503	Federal Home Loan Mtg Corp Gd	4.500	07/01/26	\$ 501	\$ 539
7,103	Federal Home Loan Mtg Corp	7.371	07/01/36	7,318	7,142
8,550	Federal Home Loan Mtg Corp	6.430	08/01/36	8,600	8,698
3,985	Federal Home Loan Mtg Corp Gd	6.500	12/01/31	4,065	4,074
3,144	Federal Home Loan Mtg Corp	6.375	11/01/34	3,230	3,114
3,542	Federal National Mortgage Assn	5.723	11/01/37	3,534	3,863
6,820	Federal National Mortgage Assn	7.000	07/01/32	6,820	7,011
12,073	Federal National Mortgage Assn	7.000	08/01/32	12,417	12,839
1,087	Small Business Administration Gtd Dev	5.090	10/01/25	1,072	1,087
713	Small Business Administration Gtd Dev	5.820	06/01/26	700	713
423	Vendee Mortgage Trust	8.793	06/15/25	428	446
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 48,685</u>	<u>\$ 49,526</u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>	<u>Common/Collective Trusts</u>	<u>Fair Value</u>	<u>Cost</u>
151	AFL-CIO Building Investment Trust Fund	\$ 816,378	\$ 999,668
3,550	ASB Allegiance Real Estate Fund	5,046,962	1,316,215
38,875	IBEW-NECA Equity Index Fund	<u>4,662,053</u>	<u>639,006</u>
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 10,525,393</u>	<u>\$ 2,954,889</u>
	<u>Mutual Funds</u>		
41,096	Dodge & Cox International Stock Fund	\$ 2,083,965	\$ 1,287,748
320,180	Primecap Odyssey Growth Fund	12,621,512	10,448,812
55,039	Vanguard Commodity Strategy Admiral	1,430,465	1,419,364
14,356	Vanguard Growth Index Fund Inst	2,761,058	1,490,118
94,347	Vanguard Small Cap Index Ins	9,867,706	4,182,029
718,874	DFA One Year Fixed Income Fund	7,361,274	7,379,675
1,633,482	Dodge & Cox Income Fund	20,222,504	22,334,449
1,761,927	Vanguard Total Bond Market Index	16,703,064	19,132,936
42,137	Vanguard Inflation Protected Secs	964,101	1,036,211
569,702	Vanguard High Yield Corporate Adm	3,059,300	3,181,485
1,098,123	Vanguard Short Term Investment Grade	<u>11,189,872</u>	<u>11,958,635</u>
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 88,264,821</u>	<u>\$ 83,851,462</u>
	<u>Short Term Investment Fund</u>		
5,918,876	First American Government Obligation Fund	<u>\$ 5,918,876</u>	<u>\$ 5,918,876</u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6209008; PLAN NO. 001
JULY 1, 2023 TO JUNE 30, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
First American Government Obligation Fund	0.05%	-	\$ 11,432,250	\$ -	\$ 11,432,250	\$ -
	-	-	-	10,454,548	10,454,548	-

2023 Schedule MB (Form 5500), Line 8b(2)

Plan Name: Central California IBEW-NECA Pension Plan
 Employer ID: 95-6209008
 Plan Number: 001

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Attained Age	Benefit Units										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 or over	
Under 25	8	6	0	0	0	0	0	0	0	0	14
25 to 29	12	22	6	0	0	0	0	0	0	0	40
30 to 34	11	23	15	4	2	0	0	0	0	0	55
35 to 39	6	9	14	11	10	4	2	0	0	0	56
40 to 44	14	16	8	12	12	9	2	3	0	0	76
45 to 49	4	4	4	7	6	7	8	2	2	3	47
50 to 54	1	3	3	7	6	6	5	7	2	5	45
55 to 59	0	3	1	2	2	2	4	1	3	10	28
60 to 64	0	0	2	1	1	4	1	1	1	5	16
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	1	0	0	0	0	0	0	0	0	1
Total	56	87	53	44	39	32	22	14	8	23	378

Note: Compensation information not shown because plan benefits are not pay-related.

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Entry Age Normal Cost Method.

Actuarial Assumptions:

Interest Discount Rate: For funding: 6.75% compounded annually.
For ASC 960: 6.75% compounded annually.
For current liability: 2.85% compounded annually.
For withdrawal liability: Liabilities up to market value of assets, 6.38% for 20 years and 6.09% thereafter. Liabilities in excess of market value of assets, 6.75%.

Investment Yield: 6.75% compounded annually, net of investment expenses.

Administrative Expenses: \$300,000 payable mid-year (equivalent to \$290,360 payable at the beginning of the year)

Mortality: For funding:
Healthy: Pre- and Post-Retirement: 1994 Group Annuity Mortality Table.
Disabled: 1981 PBGC Mortality Table for disabled males receiving Social Security benefits.
No future mortality improvement is assumed.
For current liability: 2023 IRS Static Mortality Table.

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
 Employer ID: 95-6209008
 Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Termination Before Retirement:	<u>Age</u>	<u>Withdrawal Rate</u>	<u>Disability Rate</u>
	20	9.94%	0.12%
	25	9.67	0.17
	30	9.30	0.22
	35	8.71	0.29
	40	7.75	0.44
	45	6.35	0.72
	50	4.22	1.21
	55	1.55	2.02
	60	0.15	3.25

Retirement:	<u>Age</u>	<u>Retirement Rate</u>
	55	10%
	56-57	5
	58-59	20
	60-61	30
	62	60
	63-64	30
	65	60
	66-69	40
	70	100

Inactive vested participants are assumed to retire at age 58, or age 55 if they have 30 years of Pension Credit.

Employment: Active employees are assumed to work 1,540 adjusted hours during the year.

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status: 75% of non-retired participants are married. Wife is assumed to be four years younger than the husband.

Form of Payments: Married participants are assumed to retire with a 50% Joint & Survivor Annuity and non-married participants are assumed to retire with a Life Annuity with 36 guaranteed payments.

Unknown Data: Participants with unreported data, such as missing birthdates, are assumed to have the same characteristics as similar participants. If not specified, participants are assumed to be male.

Withdrawal Liability: The present value of vested benefits for withdrawal liability determination uses a blended approach incorporating the funding interest rate of 6.75% as of June 30, 2023 and the PBGC interest rates for valuing immediate and deferred annuities under ERISA Section 4044 as of June 30, 2023, plus 1%: 6.38% for the first 20 years and 6.09% thereafter. For active married participants, the death benefit valued is the 50% Joint & Survivor Annuity as the 100% option is not considered a vested benefit for purposes of withdrawal liability. Assets used to determine the unfunded amount of vested benefit liability is market value.

Asset Valuation Method: Adjusted market value. Difference between actual investment return and expected return on the market value is recognized over a five-year period. Actuarial value may not be less than 80% or more than 120% of market value.

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.**

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 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 CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
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, CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND 6800 SANTA TERESA BLVD STE 100 SAN JOSE, CA 95119	1c Effective date of plan 07/01/1966 2b Employer Identification Number (EIN) 95-6209008 2c Plan Sponsor's telephone number 408-288-4400 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 	4/10/2025	Mark Simonin
Signature of Union Trustee	Date	Enter name of individual signing as Union Trustee
SIGN HERE 	4/10/2025	Shari Brunner
Signature of Employer Trustee	Date	Enter name of individual signing as Employer Trustee
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6209008; PLAN NO. 001
JULY 1, 2023 TO JUNE 30, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
First American Government Obligation Fund	0.05%	-	\$ 11,432,250	\$ -	\$ 11,432,250	\$ -
	-	-	-	10,454,548	10,454,548	-

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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

▶ **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 CENTRAL CALIFORNIA IBEW-NECA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA PENSION PLAN	D Employer Identification Number (EIN) 95-6209008

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)	123,094,786
(2) Actuarial value of assets for funding standard account.....	1b(2)	136,766,280

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

1c(1)	143,627,519
--------------	-------------

(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)	138,323,986
--------------	-------------

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)	240,116,908
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,721,224
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,088,575

(3) Expected plan disbursements for the plan year

1d(3)	11,378,935
--------------	------------

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		<u>4/2/2025</u>
	Signature of actuary	Date
	NANCY TEAGUE LEE	2307500
	Type or print name of actuary	Most recent enrollment number
	NWPS	650-960-5700
	Firm name	Telephone number (including area code)
	160 W SANTA CLARA ST STE 1550	
	SAN JOSE CA 95113	
	Address of the firm	

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

- 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	3
(2) Females	6c(2)	3
d Valuation liability interest rate.....	6d	6.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	2.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	290,360
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5,414,063	548,087
3	525,000	525,000

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?..... Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1,771,624
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)	35,911,163 6,825,884
(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	580,332
e Total charges. Add lines 9a through 9d	9e	9,177,840
Credits to funding standard account:		
f Prior year credit balance, if any	9f	6,639,687
g Employer contributions. Total from column (b) of line 3	9g	4,201,332
	Outstanding balance	
h Amortization credits as of valuation date	9h	22,410,237 3,938,528
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	853,509
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	30,587,808
(2) "RPA '94" override (90% current liability FFL)	9j(2)	81,972,188
(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	15,633,056
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	6,455,216
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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

April 2, 2025

Mr. Jesse Ward, C.P.A.
Miller, Kaplan, Arase & Co., LLP
4123 Lankershim Boulevard
North Hollywood, CA 91602-2828

Re: Central California IBEW-NECA Pension Plan

Dear Jesse:

Enclosed are the following government schedules and forms for the Central California IBEW-NECA Pension Plan:

- 2023 IRS Schedule MB (Form 5500) Actuarial Information, with attachments.

Please let me know if you have any questions or need further assistance or information.

Sincerely,



Nancy Teague Lee
Managing Actuary

Enclosures

cc: Ms. Judy Sargent, United Administrative Services
Mr. Jeff Goss, Miller, Kaplan, Arase & Co., LLP

2023 Schedule MB (Form 5500), Line 8b(1)

Plan Name: Central California IBEW-NECA Pension Plan
 Employer ID: 95-6209008
 Plan Number: 001

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	251,707	663,161	9,695,295	10,610,163
2024	699,036	712,818	9,309,071	10,720,925
2025	1,091,113	741,885	8,959,448	10,792,446
2026	1,421,790	787,064	8,609,963	10,818,817
2027	1,690,630	803,770	8,278,050	10,772,450
2028	1,943,956	884,546	7,940,693	10,769,195
2029	2,187,763	1,072,367	7,599,082	10,859,212
2030	2,412,562	1,155,816	7,254,455	10,822,833
2031	2,626,761	1,218,220	6,908,030	10,753,011
2032	2,828,504	1,278,882	6,560,963	10,668,349
2033	2,973,611	1,314,379	6,214,328	10,502,318
2034	3,154,566	1,344,245	5,869,103	10,367,914
2035	3,332,202	1,413,584	5,526,218	10,272,004
2036	3,521,158	1,498,672	5,186,560	10,206,390
2037	3,645,123	1,573,682	4,850,934	10,069,739
2038	3,756,241	1,602,036	4,520,071	9,878,348
2039	3,870,175	1,609,524	4,194,648	9,674,347
2040	3,939,605	1,646,061	3,875,363	9,461,029
2041	4,036,046	1,633,806	3,563,001	9,232,853
2042	4,085,939	1,638,081	3,258,486	8,982,506
2043	4,112,786	1,667,203	2,962,876	8,742,865
2044	4,110,908	1,659,054	2,677,343	8,447,305
2045	4,090,774	1,639,525	2,403,115	8,133,414
2046	4,053,932	1,604,898	2,141,418	7,800,248
2047	3,979,061	1,597,051	1,893,467	7,469,579
2048	3,901,989	1,564,353	1,660,440	7,126,782
2049	3,817,820	1,520,061	1,443,440	6,781,321
2050	3,727,717	1,468,821	1,243,412	6,439,950
2051	3,611,731	1,416,613	1,061,040	6,089,384
2052	3,492,283	1,374,200	896,678	5,763,161
2053	3,361,354	1,318,871	750,322	5,430,547
2054	3,220,471	1,261,485	621,626	5,103,582
2055	3,074,173	1,202,987	509,918	4,787,078
2056	2,923,474	1,143,757	414,232	4,481,463
2057	2,768,949	1,083,991	333,358	4,186,298
2058	2,613,068	1,023,933	265,912	3,902,913
2059	2,456,353	963,827	210,398	3,630,578
2060	2,300,151	903,920	165,293	3,369,364
2061	2,145,337	844,465	129,102	3,118,904
2062	1,992,821	785,722	100,417	2,878,960
2063	1,843,451	727,956	77,940	2,649,347
2064	1,697,972	671,419	60,512	2,429,903
2065	1,557,084	616,349	47,121	2,220,554
2066	1,421,402	562,983	36,903	2,021,288
2067	1,291,451	511,563	29,134	1,832,148
2068	1,167,658	462,325	23,225	1,653,208
2069	1,050,375	415,492	18,705	1,484,572
2070	939,884	371,246	15,212	1,326,342
2071	836,394	329,729	12,469	1,178,592
2072	740,035	291,039	10,276	1,041,350

2023 Schedule MB (Form 5500), Line 8b(3)

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

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

<u>Plan Year</u>	Employer Contributions	Withdrawal Liability Payments	Total
2023	4,201,332	0	4,201,332
2024	4,047,032	0	4,047,032
2025	4,047,032	0	4,047,032
2026	4,047,032	0	4,047,032
2027	4,047,032	0	4,047,032
2028	4,047,032	0	4,047,032
2029	4,047,032	0	4,047,032
2030	4,047,032	0	4,047,032
2031	4,047,032	0	4,047,032
2032	4,047,032	0	4,047,032

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 6(F) (1) – DESCRIPTION OF WITHDRAWAL LIABILITY INTEREST RATE

The present value of vested benefits for withdrawal liability determination uses a blended approach incorporating the funding interest rate of 6.75% as of June 30, 2023 and the PBGC interest rates for valuing immediate and deferred annuities under ERISA Section 4044 as of June 30, 2023, plus 1%: 6.38% for the first 20 years and 6.09% thereafter.

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: July 1, 1966.

Plan Year: July 1 – June 30.

Monthly Normal Retirement Benefit: \$3.70 times the number of Past Service Pension Credits, plus \$79.00 times the number of Future Service Pension Credits, plus \$98.00 times the number of Benefit Units.

Past Service Pension Credit: Service credited from July 1, 1951 to July 1, 1966 for Local 413 and from July 1, 1958 to July 1, 1973 for Local 639, up to a maximum of 15 years.

Future Service Pension Credit: Service credited from July 1, 1966 to January 1, 2002 for Local 413 and from July 1, 1973 to January 1, 2002 for Local 639 at the rate of 1/15th of a year for each 100 hours worked.

Benefit Unit: Effective January 1, 2002 for each credited Adjusted Hour, 1/1500th of a Benefit Unit is earned.

Adjusted Hours: Actual hours of covered employment during the Plan Year multiplied by the hourly contribution rate and divided by the standard contribution rate of \$6.90.

Normal Form of Benefit: Lifetime payments to retiree with 36 guaranteed monthly payments.

Normal Retirement Age: Age 65 with 5 years of Pension Credit or Vesting Service.

Service Retirement Age: Age 55 with 30 years of Pension Credit, including at least 1,500 hours in covered employment for which contributions were made.

Service Retirement Benefit: Accrued benefit with no reduction.

Early Retirement Age: Age 55 and 5 years of Pension Credit.

Early Retirement Benefit: Accrued benefit reduced 1/4 of 1% for each month preceding age 58. No reduction for retirement on or after age 58 with 5 or more years of Pension Credit or Vesting Service.

Disability Retirement Age: 5 years of Pension Credit and totally and permanently disabled.

Disability Retirement Benefit: Same as Normal Retirement Benefit.

Vesting: 5 Years of Pension Credit or Vesting Service.

Vesting Service: One year credited for each Plan Year during which a participant worked at least 1,000 hours of service.

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS (CONTINUED)

Participation: January 1 or July 1 next following a 12 consecutive month period during which a participant worked at least 1,000 hours.

Break-in-Service: Less than 100 hours in a plan year.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Pre-Retirement Death Eligibility: 1 year of Future Service Pension Credit for lump sum; 5 years of Future Service Pension Credit for annuity.

Pre-Retirement Death Benefit:

Unmarried participants:

Beneficiaries of those who die in active status will receive a lump sum of \$5,000 per year of Future Service Pension Credit, up to \$65,000. In addition, if a deceased participant had 5 or more Future Service Pension Credits, beneficiary will receive 60 monthly payments in an amount equal to the monthly Normal Retirement Benefit accrued as of time of death.

Beneficiaries of those who die while in inactive status will receive a lump sum of \$2,000 per year of Future Service Pension Credit, up to \$26,000. For those with 5 or more Future Service Pension Credits, the beneficiary will receive 36 monthly payments of the monthly Normal Retirement Benefit accrued as of time of death.

Married participants:

Surviving spouses of those who die in active status will receive an annuity equal to the amount the participant would have received under the 100% Joint & Survivor form of payment if he/she had retired on the day before death or at age 55, if later.

Surviving spouses of those who die in inactive status will receive an annuity equal to the amount the participant would have received under the 50% Joint & Survivor form of payment if he/she had retired on the day before death or at age 55, if later.

In lieu of the Joint & Survivor annuity, surviving spouses can elect to receive the unmarried participant benefit (actuarially adjusted, if needed). The unmarried participant benefit payable will depend on whether the participant was active or inactive at time of death.

Post-Retirement Death Benefit: Survivor benefit, if any, based on the form of payment in effect at time of death.

Optional Forms of Benefit Payment: 50%, 75%, and 100% Joint & Survivor annuity, with or without the pop-up option, and Social Security (level income) option.

Plan Provisions Excluded from Measurement: None.

Changes since prior valuation: A 13th check of \$1,000 was paid to those in pay status.

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

No. of Shares	Common Stocks	Fair Value	Cost
18,100	Aegon N V ADR	\$ 110,953	\$ 23,012
350	Alynlyam	85,050	72,474
2,900	Alphabet Inc	531,918	177,118
2,000	Alphabet Inc Cl A	364,300	223,084
2,000	Amazon Com Inc	386,500	64,676
1,300	American Elect Pwr Co	114,062	109,251
4,400	Anheuser Busch InBev	255,860	249,234
7,500	Avantor Inc	159,000	148,521
6,400	Baker Hughes Company	225,088	177,600
8,000	Bank of America Corp	318,160	179,194
6,700	Bank of New York Mellon Corp	401,263	208,829
3,300	Baxter International	110,385	120,789
1,650	Biomarin Pharmaceutical Inc	135,845	124,558
75	Booking Holdings Inc	297,113	118,264
2,400	Bristol Myers Squibb Co	99,672	130,285
1,125	Cigna Corp	371,891	240,514
7,600	Cvs Health Corp	448,856	517,320
2,450	Capital One Finl Corp	339,203	117,839
2,000	Carrier Global Corp Com	126,160	36,414
750	Celanese Corp	101,167	35,520
1,400	Charter Communications Inc New	418,544	427,293
3,200	Cisco Systems Inc	152,032	114,389
2,700	Cognizant Tech Solutions Cl A	183,600	197,543
1,400	Coherent Corp	101,444	75,881
8,300	Comcast Corp Class A	325,028	194,840
1,400	Conocophillips	160,132	61,339
3,000	Dominion Energy Inc	147,000	158,470
2,070	Echostar Corp	36,867	204,427
10,400	Elanco Animal Health Inc	150,072	227,914
450	Meta Platforms Inc	226,899	103,344
1,600	Fed Ex Corp	479,744	234,378
5,100	Fidelity National Info Serv	384,336	365,162
4,250	Fiserv Inc	633,420	446,067
3,900	Fox Corp Class A	134,043	129,999
1,933	Fox Corp Class B	61,895	73,115
2,000	GE Healthcare Technologies	155,840	123,462
883	Gaming & Leisure Prope W I	39,920	39,553
4,200	The Gap Inc	100,338	8,100
2,000	Ge Aerospace	317,940	98,707
4,500	Gilead Sciences Inc	308,745	309,050
725	Goldman Sachs Group Inc	327,932	96,190
9,320	GSK Plc	358,820	353,011
4,700	Hp Inc	164,594	74,924
24,496	Haleon PLC	202,337	172,736
3,400	Honda Motor Co	109,616	103,977
575	Humana Inc	214,849	200,403
1,600	Incyte Corp	96,992	121,804
2,600	Intl Flavors Fragrances	247,546	191,168
	<u>Forward</u>	<u>\$ 11,222,971</u>	<u>\$ 7,981,742</u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

No. of Shares	Common Stocks (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 11,222,971	\$ 7,981,742
8,100	Johnson Clts Intl	538,407	306,748
5,100	Juniper Networks Inc	185,946	128,758
1,900	Lyondellbasell Industries	181,754	155,065
7,400	Metlife Inc	519,406	297,277
1,000	Medtronic Plc	78,710	88,398
1,100	Microsoft Corp	491,645	80,195
2,000	Molson Coors Beverage Company	101,660	113,585
200	Neurocrine Biosciences	27,534	21,716
1,000	News Corp New Cl A W	27,570	10,285
1,450	Norfolk Southern Corp	311,301	310,650
1,700	Novartis Ag ADR	180,982	108,005
10,000	Occidental Petroleum Corp	630,300	435,762
1,387	Occidental Petroleum Corp Wt 8/03/27	57,089	6,866
5,850	Rtx Corp	587,282	402,817
275	Regeneron Pharmaceuticals Inc	289,033	167,038
4,100	Roche Holdings ADR	142,147	162,488
10,600	Sanofi ADR	514,312	462,274
10,600	Schwab Charles Corp	781,114	309,941
1,900	State Str Corp	140,600	112,874
800	Sun Communities Inc	96,272	102,830
1,350	T Mobile Us Inc	237,843	160,651
1,500	Te Connectivity Ltd Shs	225,645	92,198
6,500	Truist Financial Corp	252,525	203,615
3,100	UBS Group	91,574	50,775
475	Unitedhealth	241,899	77,106
4,500	VF Corp Com	60,750	82,639
11,900	Wells Fargo Co New Com	706,741	391,593
5,100	Williams Cos Inc Com	216,750	98,202
2,000	Zimmer Biomet Holdings Inc Com	217,057	232,909
	<u>TOTAL - COMMON STOCKS</u>	<u>\$ 19,356,819</u>	<u>\$ 13,155,002</u>

Face Value	Government Debt Securities	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 503	Federal Home Loan Mtg Corp Gd	4.500	07/01/26	\$ 501	\$ 539
7,103	Federal Home Loan Mtg Corp	7.371	07/01/36	7,318	7,142
8,550	Federal Home Loan Mtg Corp	6.430	08/01/36	8,600	8,698
3,985	Federal Home Loan Mtg Corp Gd	6.500	12/01/31	4,065	4,074
3,144	Federal Home Loan Mtg Corp	6.375	11/01/34	3,230	3,114
3,542	Federal National Mortgage Assn	5.723	11/01/37	3,534	3,863
6,820	Federal National Mortgage Assn	7.000	07/01/32	6,820	7,011
12,073	Federal National Mortgage Assn	7.000	08/01/32	12,417	12,839
1,087	Small Business Administration Gtd Dev	5.090	10/01/25	1,072	1,087
713	Small Business Administration Gtd Dev	5.820	06/01/26	700	713
423	Vendee Mortgage Trust	8.793	06/15/25	428	446
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 48,685</u>	<u>\$ 49,526</u>

CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6209008; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>	<u>Common/Collective Trusts</u>	<u>Fair Value</u>	<u>Cost</u>
151	AFL-CIO Building Investment Trust Fund	\$ 816,378	\$ 999,668
3,550	ASB Allegiance Real Estate Fund	5,046,962	1,316,215
38,875	IBEW-NECA Equity Index Fund	<u>4,662,053</u>	<u>639,006</u>
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 10,525,393</u>	<u>\$ 2,954,889</u>
	<u>Mutual Funds</u>		
41,096	Dodge & Cox International Stock Fund	\$ 2,083,965	\$ 1,287,748
320,180	Primecap Odyssey Growth Fund	12,621,512	10,448,812
55,039	Vanguard Commodity Strategy Admiral	1,430,465	1,419,364
14,356	Vanguard Growth Index Fund Inst	2,761,058	1,490,118
94,347	Vanguard Small Cap Index Ins	9,867,706	4,182,029
718,874	DFA One Year Fixed Income Fund	7,361,274	7,379,675
1,633,482	Dodge & Cox Income Fund	20,222,504	22,334,449
1,761,927	Vanguard Total Bond Market Index	16,703,064	19,132,936
42,137	Vanguard Inflation Protected Secs	964,101	1,036,211
569,702	Vanguard High Yield Corporate Adm	3,059,300	3,181,485
1,098,123	Vanguard Short Term Investment Grade	<u>11,189,872</u>	<u>11,958,635</u>
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 88,264,821</u>	<u>\$ 83,851,462</u>
	<u>Short Term Investment Fund</u>		
5,918,876	First American Government Obligation Fund	<u>\$ 5,918,876</u>	<u>\$ 5,918,876</u>

2023 Schedule MB (Form 5500), Lines 9c and 9h

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

Description of Base	Date of Establishment	Outstanding Balance	Remaining Amortization Period	Amortization Amounts
Charges				
Plan Amendment	7/1/1994	\$19,705	1	\$19,705
Change in Assumptions	7/1/1995	96,403	2	49,774
Plan Amendment	7/1/1996	113,285	3	40,254
Plan Amendment	7/1/1997	70,976	4	19,519
Plan Amendment	7/1/1998	1,411,246	5	320,271
Plan Amendment	7/1/1999	732,061	6	142,764
Plan Amendment	1/1/2002	722,632	8.5	107,248
Change in Assumptions	7/1/2003	124,336	10	16,392
Actuarial Loss	7/1/2009	761,227	1	761,227
Actuarial Loss	7/1/2010	1,391,051	2	718,234
Actuarial Loss	7/1/2011	58,158	3	20,665
Plan Amendment	7/1/2012	1,158,040	4	318,462
Change in Assumptions	7/1/2012	987,274	4	271,502
Change in Assumptions	7/1/2014	1,489,648	6	290,505
Plan Amendment	7/1/2014	1,963,232	6	382,861
Plan Amendment	7/1/2016	109,578	8	17,024
Actuarial Loss	7/1/2016	848,300	8	131,793
Plan Amendment	7/1/2017	52,964	9	7,535
Actuarial Loss	7/1/2017	2,168,659	9	308,504
Change in Assumptions	7/1/2017	370,702	9	52,735
Change in Assumptions	7/1/2018	2,497,600	10	329,277
Plan Amendment	7/1/2018	1,573,174	10	207,404
Actuarial Loss	7/1/2018	551,933	10	72,766
Actuarial Loss	7/1/2020	1,600,304	12	186,235
Plan Amendment	7/1/2022	4,673,167	14	493,087
Actuarial Loss	7/1/2022	4,426,445	14	467,054
Actuarial Loss	7/1/2023	5,414,063	15	548,087
13th Check	7/1/2023	525,000	1	525,000
Subtotal Charges		\$35,911,163		\$6,825,884
Credits				
Change in Assumptions	7/1/1994	10,515	1	10,515
Change in Assumptions	7/1/2001	265,515	8	41,251
Plan Amendment	7/1/2010	370,081	2	191,082
Change in Assumptions	7/1/2010	194,642	2	100,499
Actuarial Gain	7/1/2012	1,503,476	4	413,457
Actuarial Gain	7/1/2013	2,417,481	5	548,627
Actuarial Gain	7/1/2014	610,430	6	119,044
Actuarial Gain	7/1/2015	2,484,660	7	428,128
Actuarial Gain	7/1/2019	1,290,679	11	159,235
Actuarial Gain	7/1/2021	2,983,468	13	329,679
Method Change	7/1/2021	10,279,290	8	1,597,011
Subtotal Credits		\$22,410,237		\$3,938,528
Net Charges/Credits		\$13,500,926		\$2,887,356

2023 Schedule MB (Form 5500) Attachment

Plan Name: Central California IBEW-NECA Pension Plan
Employer ID: 95-6209008
Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

Changes from Prior Valuation: The current liability interest rate was updated from 2.27% to 2.85% in accordance with IRC 412(l)(7)(C). The current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. The PBGC interest rates used for valuing withdrawal liability were updated from 3.40% for the first 20 years and 3.12% thereafter to 6.38% for the first 20 years and 6.09% thereafter.

Name of Sponsor: BOARD OF TRUSTEES,
EIN: 95-6209008
Plan Name: CENTRAL CALIFORNIA IBEW-NECA PENSION
TRUST FUND
Plan Number: 001

FOOTNOTES

Schedule R, Question 14b and 14c:

The number reported on 14b and 14c is different than the number previously reported in prior returns due to the administrator re-ran the reports in the current year with updated information.