

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**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**

<p><b>1a</b> Name of plan <u>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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) <u>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</u></p> <p><u>25001 WATER STREET</u> <span style="margin-left: 200px;"><u>25001 WATER STREET</u></span> <u>WATERTOWN, NY 13601</u> <span style="margin-left: 200px;"><u>WATERTOWN, NY 13601</u></span></p>	<p><b>1c</b> Effective date of plan <u>01/01/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>16-6053626</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>315-782-5941</u></p> <p><b>2d</b> Business code (see instructions) <u>561110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/09/2025	MARK A. CAPONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH & WELFARE FUND  25001 WATER STREET WATERTOWN, NY 13601	<b>3b</b> Administrator's EIN 16-6053626  <b>3c</b> Administrator's telephone number 315-782-5941																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1"> <tr> <td style="width: 50px;"><b>5</b></td> <td style="text-align: right;">478</td> </tr> </table>	<b>5</b>	478																		
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1"> <tr> <td><b>6a(1)</b></td> <td style="text-align: right;">386</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">365</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">101</td> </tr> <tr> <td><b>6c</b></td> <td></td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">466</td> </tr> <tr> <td><b>6e</b></td> <td></td> </tr> <tr> <td><b>6f</b></td> <td></td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> </tr> </table>	<b>6a(1)</b>	386	<b>6a(2)</b>	365	<b>6b</b>	101	<b>6c</b>		<b>6d</b>	466	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1"> <tr> <td style="width: 50px;"><b>7</b></td> <td style="text-align: right;">41</td> </tr> </table>	<b>7</b>	41																		
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4U

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  4  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE CO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>C-4184</b>	<b>271</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

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

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

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

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

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	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	78328
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE CO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>G-2893</b>	<b>375</b>	<b>04/01/2023</b>	<b>03/31/2024</b>

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

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

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

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

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<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)                                     | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input checked="" type="checkbox"/> Temporary disability (accident and sickness)                  | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)   | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input checked="" type="checkbox"/> Other (specify) ▶ <b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b> |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....	<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>	
(4) Claims charged .....	<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....	<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
(2) Claim reserves .....	<b>9d(2)</b>	
(3) Other reserves.....	<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	12230
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EXCELLUS BLUE CROSS BLUE SHIELD**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>15-0329043</b>	<b>55107</b>	<b>00113175</b>	<b>341</b>	<b>04/01/2024</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>2820</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
--	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AP BENEFIT ADVISORS LLC DBA ENV INS 7789 OSWEGO ROAD LIVERPOOL, NY 13090**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>2820</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier .....		
(3) Transferred to separate account.....		
(4) Other (specify below) .....		
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	40664
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE CO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>C4184</b>	<b>221</b>	<b>04/01/2023</b>	<b>03/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |   |
|--|--|---|---|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input checked="" type="checkbox"/> Life insurance |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug         |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract        |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |   |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	31156
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	
Specify nature of costs.		

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

EXCELLUS HEALTH PLAN INC

165 COURT STREET  
ROCHESTER, NY 14647

15-0329043

(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	THIRD PARTY ADMINISTRATOR	271893	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)

BLITMAN & KING LLP

443 NORTH FRANKLIN ST  
SYRACUSE, NY 13204

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	24786	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)

D'ARCANGELO & CO., LLP

120 LOMOND COURT  
UTICA, NY 13502

13-2550103

(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	AUDITOR	22000	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)

C.S. MCKEE LP

ONE GATEWAY CENTRE  
PITTSBURGH, PA 15222

25-1900687

(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	INVESTMENT MANAGER	16038	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)

BOLTON PARTNERS NORTHEAST INC

2277 STATE HWY 3 SU 409  
TRENTON, NJ 08690

27-3666661

(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	ACTUARY	12600	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)

HIGHTOWER ADVISORS MORGIA GRP

151 MULLIN ST  
WATERTOWN, NY 13601

36-4500709

(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	INVESTMENT ADVISOR	8400	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)

INTEGRA CONSULTING, INC

9621 SMITH RD  
WEEDSPORT, NY 13166

16-1600723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6402	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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-6053626</b>	

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	493407	344821
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	646780	847830
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	35557	39876
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	397002	298619
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2828778	2773623
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1542578	1662544
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	2958263	3420794
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	430709	191835

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	17925	27625
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	9350999	9607567
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	205949	349451
<b>h</b> Operating payables .....	<b>1h</b>	25227	27416
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	157350	143784
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	388526	520651
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8962473	9086916

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	6005553	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	332291	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6337844
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	11867	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	186734	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		198601
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	53052	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		53052
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	7551796	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	7693308	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-141512
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	681998	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		1027
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7131010

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	6201989	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	34866	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6236855
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	250089	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	22000	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	41008	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>	12600	
(8) Legal fees.....	<b>2i(8)</b>	23712	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	420303	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		769712
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7006567

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		124443
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	X		6300
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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. ....		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

# D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950  
315-735-5216 Fax: 315-735-5210

## Independent Auditor's Report

To the Board of Trustees of  
IBEW Local Union 910 Welfare Fund

### **Opinion**

We have audited the accompanying financial statements of IBEW Local Union 910 Welfare Fund, 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 and of benefit obligations as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the years 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 and benefit obligations of IBEW Local Union 910 Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years 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 IBEW Local Union 910 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 IBEW Local Union 910 Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## **Auditor's Responsibilities for the Audit of the Financial Statements**

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 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 IBEW Local Union 910 Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local Union 910 Welfare Fund'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.

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

*D'Arcangelo + Co., LLP*

April 3, 2025

Utica, New York

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @	6/30/2024	Appreciation (Depreciation)
<b>EQUITIES</b>					
ALPHABET INC CLASS A	219	\$ 24,822	\$ 39,891	\$	15,069
ELECTRONIC ARTS INC	190	24,024	26,473		2,449
META PLATFORMS INC	123	31,228	62,019		30,791
ALPHABET INC CLASS A	383	27,890	69,763		41,874
META PLATFORMS INC	79	15,152	39,833		24,681
EPAM SYSTEMS INC	80	14,693	15,049		356
ELECTRONIC ARTS INC	218	25,491	30,374		4,883
LIBERTY BROADBAND CORP C	279	35,738	15,295		(20,443)
LIBERTY MEDIA SIRIUSXM GROUP CL C	1,280	24,189	28,365		4,175
WARNER BROS DISCOVERY INC	2,101	40,225	15,631		(24,594)
AMAZON.COM INC	271	31,689	52,371		20,682
MERCADOLIBRE INC	6	4,939	9,860		4,922
SONY CORP ADR	147	14,777	12,488		(2,289)
BOOKING HOLDINGS INC	9	21,477	35,654		14,176
POOL CORPORATION	49	18,813	15,059		(3,754)
TRACTOR SUPPLY CO	151	13,654	40,770		27,116
AUTOZONE INC	13	18,793	38,533		19,740
GRAHAM HLDGS CO	49	24,915	34,278		9,363
LKQ CORPORATION	586	24,394	24,372		(23)
COCA COLA COMPANY	375	19,961	23,869		3,907
CONSTELLATION BRANDS INC	79	18,314	20,325		2,011
MONDELEZ INTL INC CL A	178	11,774	11,648		(125)
TEXAS PACIFIC LAND CORP	21	8,631	15,420		6,789
GLOBANT SA	68	11,777	12,122		344
HEICO CORP NEW CL A	33	5,140	5,858		718
HDFC BANK LTD	186	11,520	11,965		445
INTERCONTINENTALEXCHANGE GRP	172	18,095	23,545		5,451
JPMORGAN CHASE & CO	45	5,789	9,102		3,313
MASTERCARD INC CLASS A	75	22,828	33,087		10,259
MOODY'S CORP	56	16,499	23,572		7,073
MSCI INC	18	8,528	8,672		144
S&P GLOBAL INC	41	11,727	18,286		6,559
VISA INC CLASS A	111	20,490	29,134		8,644
PAYPAL HOLDINGS INC	764	58,730	44,335		(14,395)
S&P GLOBAL INC	36	9,957	16,056		6,099
MUELLER INDS INC	544	28,130	30,975		2,845
VISA INC CLASS A	187	38,744	49,082		10,338
MARKEL GROUP INC	30	31,128	47,270		16,142
FOX CORP	905	28,073	31,105		3,031

See Independent Auditor's Report

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i6/30/2024

EIN # 16-6053626 Plan #501

(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/2024	Appreciation (Depreciation)	
ZIONS BANCORP	610	22,128	26,456	4,328	
ABERDEEN STD PHY SWISS GOLD ETF	4,914	83,409	109,189	25,780	
DOUBLELINE STRATEGIC COMMODITY 1	31,531	289,765	241,210	(48,555)	
ISHARES GOLD TRUST	2,485	83,611	109,166	25,555	
SPDR GOLD SHARES	507	83,869	109,010	25,141	
GQG PARTNERS EMERG MKT INSTL	10,960	192,748	201,550	8,802	
ATLISSIAN CORPORATION CL A	55	8,936	9,728	793	
PIMCO RAE EMERGING MKT INSTL	16,558	184,684	182,805	(1,879)	
ALCON INC	133	8,767	11,848	3,081	
BLACKROCK INC	15	12,011	11,810	(201)	
ASTRAZENECA PLC ADR	339	23,536	26,439	2,902	
HUMANA INC	67	28,004	25,035	(2,969)	
IDEXX LABS INC	17	8,255	8,282	28	
INTUITIVE SURGICAL INC	28	6,031	12,456	6,425	
JOHNSON & JOHNSON	160	25,290	23,386	(1,904)	
THERMO FISHER SCIENTIFIC INC	26	8,552	14,378	5,826	
UNITEDHEALTH GROUP INC	49	24,197	24,954	757	
VERTEX PHARMACEUTICALS INC	19	4,092	8,906	4,814	
EDWARDS LIFESCIENCES CORP	357	20,604	32,976	12,372	
UNITEDHEALTH GROUP INC	86	39,054	43,796	4,742	
EXELIXIS INC	1,201	25,044	26,986	1,942	
HOLOGIC INC	265	22,118	19,676	(2,442)	
INCYTE CORP	311	22,059	18,853	(3,206)	
UNITED THERAPEUTICS CORP	88	12,798	28,032	15,234	
CANADIAN NATL RAILWAY CO	97	11,752	11,459	(294)	
COPART INC	218	6,162	11,807	5,645	
CSX CORP	354	11,905	11,841	(63)	
L3HARRIS TECHNOLOGIES INC	132	26,539	29,645	3,106	
MASCO CORP	218	12,506	14,534	2,028	
NORFOLK SOUTHERN CORP	26	5,884	5,582	(302)	
ROLLINS INC	120	5,417	5,855	437	
PHILIP MORRIS INTL INC	148	13,276	14,997	1,721	
NORTHROP GRUMMAN CORP	28	12,609	12,207	(403)	
UNION PACIFIC CORP	40	8,451	9,050	600	
COPART INC	776	19,165	42,028	22,863	
ACUITY BRANDS INC	132	15,518	31,870	16,352	
ALLISON TRANSMISSION HLDGS	620	24,626	47,058	22,432	
CENTENE CORP	392	28,274	25,990	(2,284)	
ROBERT HALF INTL INC	285	21,599	18,234	(3,365)	
APPLIED MATERIALS INC	64	7,052	15,103	8,051	

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b)	(c)	(d)	(e)	Appreciation
Description of Investment	Shares	Cost	FMV @ 6/30/2024	(Depreciation)	
INTUIT INC	19	7,583	12,487		4,904
MICRON TECHNOLOGY	128	8,466	16,836		8,370
MICROSOFT CORP	101	22,946	45,142		22,196
SALESFORCE INC	84	16,155	21,596		5,442
SERVICENOW INC	36	17,844	28,320		10,476
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADS	124	12,782	21,552		8,770
APPLE INC	255	14,974	53,708		38,734
APPLE INC	71	13,087	14,954		1,867
CDW CORPORATION	144	18,506	32,233		13,727
MICROSOFT CORP	64	14,740	28,605		13,865
MOTOROLA SOLUTIONS INC	117	19,090	45,168		26,077
O REILLY AUTOMOTIVE INC	13	12,060	13,729		1,669
OLD DOMINION FGHT LINES INC	88	12,715	15,541		2,826
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADS	375	41,220	65,179		23,959
CHECK POINT SOFTWARE TECH LT	160	20,151	26,400		6,249
CIRRUS LOGIC INC	287	21,917	36,638		14,721
F5 INC	189	26,586	32,551		5,965
T ROWE PRICE GROUP INC	256	29,837	29,519		(318)
SNAP ON INC	97	28,616	25,355		(3,262)
GODADDY INC CL A	205	15,501	28,641		13,140
NETAPP INC	290	16,028	37,352		21,324
NVIDIA CORPORATION	99	6,252	12,230		5,979
FISERV INC	118	18,081	17,587		(495)
WEST FRASER TIMBER CO LTD	116	9,033	8,917		(116)
EVERGY INC	336	18,089	17,798		(291)
COGNIZANT TECH SOLUTION CL A	398	28,609	27,064		(1,545)
<b>TOTAL EQUITIES</b>		<b>\$ 2,735,294</b>	<b>\$ 3,420,794</b>		<b>\$ 656,891</b>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b) (c)	(d)	(e)		
Description of Investment	Shares	Cost	FMV @	Appreciation	
			6/30/2024	(Depreciation)	
<b>GOVERNMENT BONDS/SECURITIES</b>					
FED HOME LOAN MRTG CO. 5.000% 06/25/47	23,690	\$ 23,564	\$ 22,937	\$	(627)
FED NATL MORTG ASSN 3.000% 01/01/52	21,015	17,988	17,946		(42)
FEDERAL FARM CREDIT BANK 5.740% 01/30/32	47,000	46,941	46,619		(322)
FEDERAL FARM CREDIT BANK 5.950% 07/11/33	92,000	91,862	91,960		98
FEDERAL FARM CREDIT BANKS 2.480% 01/19/34	63,000	60,426	51,874		(8,553)
FEDERAL HOME LN MTG CORP 1.500% 10/29/32	25,000	19,186	19,422		236
FEDERAL HOME LOAN MORTG CO 5.000% 12/01/52	21,721	21,090	21,428		338
FEDERAL HOME LOAN MORTG CORP 6.000% 05/01/53	21,847	21,772	22,017		245
FEDERAL HOME LOAN MORT CORP 3.500% 07/01/51	20,784	19,556	18,665		(891)
FEDERAL HOME LOAN MORTG 5.700% 01/26/29	24,000	24,000	23,954		(46)
FEDERAL HOME LOAN MORTG 5.875% 03/28/29	12,000	12,000	11,958		(42)
FEDERAL HOME LOAN MORTG CO 2.000% 09/01/36	23,874	20,233	21,004		772
FEDERAL HOME LOAN MORTG CO 5.500% 05/01/43	35,499	35,122	35,607		485
FEDERAL HOME LOAN MORTG CORP 0.750% 12/25/50	12,215	9,070	8,951		(118)
FEDERAL HOME LOAN MORTG CORP 2.500% 05/01/51	22,618	18,766	18,863		97
FEDERAL HOME LOAN MORTG CORP 2.500% 09/01/51	20,473	17,296	17,092		(205)
FEDERAL HOME LOAN MORTG CORP 4.500% 05/01/39	23,596	23,260	22,932		(329)
FEDERAL HOME LOAN MORTG CORP 5.000% 04/01/54	7,978	7,650	7,725		74
FEDERAL HOME LOAN MORTG CORP 5.000% 07/01/53	23,740	23,128	23,302		174
FEDERAL HOME LOAN MORTG CORP 5.500% 06/01/53	23,645	23,212	23,379		167
FEDERAL HOME LOAN MORTG CORP 6.000% 02/01/53	23,238	23,674	23,608		(66)
FEDERAL HOME LOAN MORTG CORP 6.500% 11/01/53	24,355	25,314	25,249		(64)
FEDERAL HOME LOAN MORTGAGE 3.000% 08/01/52	23,774	19,219	20,464		1,245
FEDERAL HOME LOAN MORTGAGE 4.000% 09/01/52	17,237	15,533	15,813		279
FEDERAL HOME LOAN MORTGAGE 5.000% 02/01/53	10,291	9,851	9,971		120
FEDERAL HOME LOAN MORTGAGE 5.750% 01/30/31	12,000	11,973	11,989		16
FEDERAL HOME LOAN MTG 2.000% 01/25/51	13,524	13,974	10,736		(3,238)
FEDERAL HOME LOAN MTG 2.000% 03/25/44	26,324	26,964	24,086		(2,878)
FEDERAL HOME LOAN MTG 2.000% 05/25/46	3,951	4,074	3,394		(680)
FEDERAL HOME LOAN MTG 2.000% 06/25/42	9,811	10,092	8,998		(1,093)
FEDERAL HOME LOAN MTG 2.000% 11/01/51	21,330	21,451	16,816		(4,635)
FEDERAL HOME LOAN MTG 2.500% 03/01/51	18,698	19,320	15,580		(3,741)
FEDERAL HOME LOAN MTG 2.500% 06/01/51	19,089	19,745	15,734		(4,011)
FEDERAL HOME LOAN MTG 2.500% 10/25/48	277	281	245		(37)
FEDERAL HOME LOAN MTG 3.000% 06/25/48	22,186	19,971	19,914		(58)
FEDERAL HOME LOAN MTG 3.000% 11/01/46	5,840	5,672	5,114		(558)
FEDERAL HOME LOAN MTG 3.000% 11/01/46	6,732	6,966	5,898		(1,068)
FEDERAL HOME LOAN MTG 3.000% 11/01/46	16,551	13,677	14,491		814

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501

(a) Description of Investment	(b) Shares	(c)	(d) Cost	(e) FMV @ 6/30/2024	Appreciation (Depreciation)
FEDERAL HOME LOAN MTG 3.000% 11/15/43	1,122		1,167	1,093	(75)
FEDERAL HOME LOAN MTG 3.500% 01/01/48	3,841		4,004	3,478	(526)
FEDERAL HOME LOAN MTG 3.500% 04/01/34	3,222		3,350	3,062	(288)
FEDERAL HOME LOAN MTG 3.500% 07/01/47	28,678		29,892	26,024	(3,868)
FEDERAL HOME LOAN MTG 3.500% 08/01/32	2,485		2,645	2,376	(269)
FEDERAL HOME LOAN MTG 3.500% 08/01/49	3,958		4,089	3,555	(534)
FEDERAL HOME LOAN MTG 4.000% 01/01/41	1,439		1,479	1,362	(117)
FEDERAL HOME LOAN MTG 5.500% 09/01/53	24,319		23,984	24,251	267
FEDERAL HOME LOAN MTG CO 3.500% 05/01/52	21,554		18,011	19,230	1,220
FEDERAL NATIONAL MORT ASSC 5.000% 07/25/51	24,267		23,520	23,782	262
FEDERAL NATIONAL MORT ASSOC 3.000% 12/01/51	26,798		24,294	23,184	(1,111)
FEDERAL NATIONAL MORTG ASN 2.500% 06/01/51	19,295		15,044	16,070	1,026
FEDERAL NATIONAL MORTG ASSN 2.000% 02/01/52	23,287		17,542	18,636	1,095
FEDERAL NATIONAL MORTG ASSN 2.000% 03/01/52	19,517		15,230	15,566	337
FEDERAL NATIONAL MORTG ASSN 2.000% 05/01/36	17,826		15,310	15,779	469
FEDERAL NATIONAL MORTG ASSN 2.000% 05/01/51	22,708		17,989	17,942	(47)
FEDERAL NATIONAL MORTG ASSN 2.500% 02/01/51	19,199		15,443	16,045	602
FEDERAL NATIONAL MORTG ASSN 2.500% 02/01/51	16,591		12,995	13,742	747
FEDERAL NATIONAL MORTG ASSN 2.500% 06/01/50	16,822		13,465	14,040	575
FEDERAL NATIONAL MORTG ASSN 3.000% 02/01/52	22,249		19,131	19,156	25
FEDERAL NATIONAL MORTG ASSN 3.500% 01/01/52	21,316		19,471	18,986	(485)
FEDERAL NATIONAL MORTG ASSN 3.500% 02/01/52	14,408		12,763	12,798	35
FEDERAL NATIONAL MORTG ASSN 3.500% 09/01/42	13,157		11,927	12,043	116
FEDERAL NATIONAL MORTG ASSN 5.000% 06/01/50	12,337		12,310	12,166	(144)
FEDERAL NATIONAL MORTG ASSN 5.500% 03/01/54	21,783		21,401	21,619	217
FEDERAL NATIONAL MORTG ASSN 5.500% 06/25/44	16,568		16,485	16,479	(6)
FEDERAL NATIONAL MORTG ASSN 6.500% 01/01/53	21,901		21,929	22,370	442
FEDERAL NATIONAL MOTG ASSN 6.000% 09/01/53	28,620		28,629	29,116	486
FEDERAL NATIONAL MTG ASSC 2.000% 03/01/37	23,857		20,368	21,146	779
FEDERAL NATIONAL MTG ASSC 2.500% 05/01/51	25,740		23,082	21,329	(1,753)
FEDERAL NATIONAL MTG ASSC 2.500% 06/01/51	23,351		19,367	19,447	80
FEDERAL NATIONAL MTG ASSC 2.500% 11/01/50	23,939		21,279	19,820	(1,459)
FEDERAL NATIONAL MTG ASSC 5.000% 09/01/52	26,041		26,081	25,278	(804)
FEDERAL NATIONAL MTG ASSN 4.500% 07/25/46	21,149		20,615	20,343	(272)
FEDERAL NATIONAL MTG ASSO 1.000% 02/25/51	6,335		6,354	4,701	(1,653)
FEDERAL NATIONAL MTG ASSO 1.250% 01/25/28	9,544		9,626	9,014	(612)
FEDERAL NATIONAL MTG ASSO 2.000% 01/01/51	17,993		18,650	14,317	(4,333)
FEDERAL NATIONAL MTG ASSO 2.000% 10/01/40	16,063		16,568	13,607	(2,961)
FEDERAL NATIONAL MTG ASSO 2.000% 10/25/44	10,816		11,073	9,562	(1,511)
FEDERAL NATIONAL MTG ASSO 2.500% 04/01/37	34,208		35,234	30,725	(4,509)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501

(a) Description of Investment	(b) Shares	(c) Cost	(d) Cost	(e) FMV @ 6/30/2024	Appreciation (Depreciation)
FEDERAL NATIONAL MTG ASSO 2.500% 06/01/50	16,944	17,577	17,577	14,129	(3,448)
FEDERAL NATIONAL MTG ASSO 2.500% 07/01/49	17,802	18,598	18,598	15,092	(3,505)
FEDERAL NATIONAL MTG ASSO 2.500% 07/01/51	18,003	18,751	18,751	14,954	(3,797)
FEDERAL NATIONAL MTG ASSO 2.500% 08/01/51	19,470	20,295	20,295	16,137	(4,158)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/41	31,907	33,423	33,423	27,868	(5,555)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/50	17,161	18,469	18,469	14,364	(4,105)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/51	28,055	28,941	28,941	23,065	(5,876)
FEDERAL NATIONAL MTG ASSO 2.500% 12/01/47	11,664	12,138	12,138	9,879	(2,259)
FEDERAL NATIONAL MTG ASSO 3.000% 01/01/52	21,001	21,913	21,913	18,115	(3,798)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/50	19,011	17,464	17,464	16,530	(934)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/50	18,720	19,275	19,275	16,396	(2,879)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/52	59,140	56,147	56,147	50,795	(5,352)
FEDERAL NATIONAL MTG ASSO 3.000% 02/25/49	3,689	3,839	3,839	3,308	(531)
FEDERAL NATIONAL MTG ASSO 3.000% 11/01/46	27,609	28,602	28,602	24,400	(4,201)
FEDERAL NATIONAL MTG ASSO 3.000% 11/01/46	5,416	5,441	5,441	4,726	(715)
FEDERAL NATIONAL MTG ASSO 3.000% 12/01/49	8,822	9,059	9,059	7,632	(1,427)
FEDERAL NATIONAL MTG ASSO 3.500% 05/01/35	5,893	6,112	6,112	5,543	(569)
FEDERAL NATIONAL MTG ASSO 3.500% 05/01/47	6,190	6,523	6,523	5,640	(883)
FEDERAL NATIONAL MTG ASSO 3.500% 06/01/49	29,208	29,350	29,350	26,368	(2,981)
FEDERAL NATIONAL MTG ASSO 3.500% 08/01/34	10,389	10,613	10,613	9,854	(760)
FEDERAL NATIONAL MTG ASSO 3.500% 09/01/49	5,752	5,953	5,953	5,166	(787)
FEDERAL NATIONAL MTG ASSO 3.500% 10/01/34	5,764	6,065	6,065	5,463	(602)
FEDERAL NATIONAL MTG ASSO 3.500% 10/01/37	13,122	13,821	13,821	12,362	(1,459)
FEDERAL NATIONAL MTG ASSO 3.500% 11/01/35	6,200	6,456	6,456	5,867	(589)
FEDERAL NATIONAL MTG ASSO 3.500% 11/01/48	3,339	3,432	3,432	3,021	(411)
FEDERAL NATIONAL MTG ASSO 4.000% 01/01/41	1,771	1,825	1,825	1,674	(151)
FEDERAL NATIONAL MTG ASSO 4.000% 01/01/41	1,520	1,600	1,600	1,437	(163)
FEDERAL NATIONAL MTG ASSO 4.000% 09/01/31	2,741	2,901	2,901	2,661	(241)
FEDERAL NATIONAL MTG ASSO 4.000% 09/01/34	3,572	3,845	3,845	3,455	(390)
FEDERAL NATIONAL MTG ASSO 4.000% 10/01/34	2,974	3,192	3,192	2,876	(316)
FEDERAL NATIONAL MTG ASSO 4.000% 10/01/46	28,306	31,119	31,119	26,760	(4,359)
FEDERAL NATIONAL MTG ASSO 4.000% 11/01/34	2,913	3,100	3,100	2,817	(283)
FEDERAL NATIONAL MTG ASSO 4.500% 03/01/47	3,097	3,293	3,293	2,977	(316)
FEDERAL NATIONAL MTG ASSO 4.500% 11/01/48	2,437	2,542	2,542	2,334	(208)
FEDERAL NATL MORTG ASSN 2.500% 03/01/2051	22,954	18,970	18,970	18,939	(31)
FEDERAL NATL MORTG ASSN 4.000% 07/01/53	23,783	21,799	21,799	21,935	136
FEDERAL NATL MORTG ASSN 4.000% 07/01/56	8,897	8,553	8,553	8,184	(369)
FEDERAL NATL MORTG ASSN 4.500% 11/01/52	34,000	32,470	32,470	32,235	(235)
FEDERAL NATL MTG ASSN 1.630% 09/14/35	77,000	55,364	55,364	55,498	133
FHLMC SUPER 30Y FIXED 4.500% 08/01/52	27,241	27,063	27,063	25,764	(1,298)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501

(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/2024	Appreciation (Depreciation)	
FNMA 3.000% 02/01/47	20,407	21,500	18,036	(3,464)	
GINNIE MAE REMIC TRUST 6.000% 11/20/44	22,425	22,349	22,547	199	
GNMA 5.000% 08/20/47	27,147	26,982	26,692	(290)	
GNMA PLATINUM POOLS 5.500% 09/20/53	15,984	15,821	16,000	180	
GNMA POOL #MA5266 5.000% 06/20/48	2,212	2,323	2,188	(136)	
GOVERNMENT NATIONAL MORT ASN 6.000% 09/20/53	29,211	28,618	29,438	819	
GOVERNMENT NATIONAL MORTG ASN 2.500% 09/20/51	20,785	16,394	17,281	887	
GOVERNMENT NATIONAL MTG ASSC 5.000% 07/20/53	11,622	11,389	11,439	50	
GOVERNMENT NATIONAL MTG ASSO 1.750% 09/20/51	44,702	45,306	37,463	(7,843)	
GOVERNMENT NATL MORT ASSC 6.000% 03/20/42	12,994	12,909	13,017	108	
GOVERNMENT NATL MORT ASSN 3.500% 07/20/45	10,800	9,994	9,819	(175)	
GOVT NATIONAL MORTG ASSN 5.500% 02/20/54	11,729	11,793	11,692	(101)	
UNITED STATES TREASURY BOND 3.000% 05/15/45	66,000	51,906	51,552	(354)	
UNITED STATES TREASURY BOND 4.250% 02/15/54	148,000	140,779	141,803	1,024	
UNITED STATES TREASURY BOND 4.750% 11/15/43	91,000	93,095	92,607	(488)	
UNITED STATES TREASURY BOND 4.750% 11/15/53	91,000	94,776	94,655	(121)	
UNITED STATES TREASURY NOTE 4.375% 05/15/34	15,000	14,976	15,038	62	
UNITED STATES TREASURY NOTE 4.625% 04/30/31	184,000	187,076	187,163	87	
<b>TOTAL GOVERNMENT BONDS/SECURITIES</b>		<b>\$ 2,899,548</b>	<b>\$ 2,773,623</b>	<b>\$ (125,925)</b>	

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @	6/30/2024	Appreciation (Depreciation)
<b>CORPORATE BONDS</b>					
ALABAMA POWER CO 3.450% 10/01/49	16,000	\$ 17,987	\$ 11,450	\$	(6,537)
ALLY AUTO REC TR 4.760% 05/17/27	6,617	6,617	6,582		(35)
AMERICAN HONDA FIN CORP 2.000% 03/24/28	9,000	8,985	8,094		(891)
AMERICAN TOWER CORP NOTE 3.800% 8/15/29	15,000	13,501	13,961		459
AMGEN INC 5.650% 03/02/53	10,000	9,986	9,902		(84)
APPLE INC 2.950% 09/11/49	12,000	8,380	8,260		(120)
APPLE INC 4.650% 02/23/46	11,000	10,503	10,189		(314)
AT&T INC 4.350% 03/01/29	7,000	6,697	6,789		92
AT&T INC 5.400% 02/15/34	2,000	1,949	2,004		55
BANK OF AMERICA CORP 1.658% 03/11/27	62,000	58,774	58,110		(665)
BBCMS MORTGAGE TRUST 3.674% 02/15/50	10,000	10,299	9,505		(794)
BERKSHIRE HATHAWAY ENERGY CO 3.700% 07/15/30	5,000	4,526	4,653		127
BMW VEHICLE LEASE 5.950% 08/25/25	13,387	13,386	13,401		15
BOEING CO 4.875% 5/01/25	27,000	27,089	26,713		(376)
BURLINGTON NORTHN SANTA FE C 4.550% 09/01/44	30,000	36,411	26,493		(9,918)
CANADIAN IMPERIAL BK 5.001% 04/28/28	10,000	9,844	9,934		90
CANADIAN IMPERIAL BK 5.260% 04/08/29	11,000	10,999	10,987		(12)
CANADIAN PAC RY CO NEW NOTE 2.050% 3/05/30	4,000	3,992	3,415		(577)
CAPITAL ONE FINANCIAL CORP 1.878% 11/02/27	9,000	8,087	8,252		165
CAPITAL ONE FINANCIAL CORP 6.312% 06/08/29	11,000	11,265	11,260		(5)
CAPITAL ONE PRIME 5.820% 06/15/28	60,000	59,989	60,547		558
CARMAX AUTO 5.340% 08/16/27	15,000	14,837	14,971		135
CISCO SYSTEMS INC 4.950% 02/26/31	12,000	11,976	12,004		28
CITIGROUP INC 5.174% 02/13/30	7,000	7,000	6,963		(37)
COCA COLA CO 5.000% 05/13/34	17,000	16,952	17,106		154
COMCAST CORP 3.250% 11/01/39	20,000	15,852	15,439		(413)
CONOCOPHILIPS CO 5.300% 05/15/53	23,000	22,305	21,949		(356)
CONS EDISON CO NY INC 5.700% 05/15/54	5,000	5,073	5,015		(59)
DISNEY WALT CO 3.500% 05/13/40	15,000	16,845	12,012		(4,834)
DJP MORGAN CHASE BANK NA 1.578% 04/22/27	15,000	15,085	13,998		(1,086)
DUKE ENERGY CAROLINAS LLC 5.300% 02/15/40	66,000	81,819	64,038		(17,780)
DUKE ENERGY CORP 2.450% 06/01/30	3,000	3,031	2,578		(453)
ENERGY TRANSFER LP 6.400% 12/01/30	8,000	7,991	8,412		422
ENTERGY CORP 1.900% 06/15/28	10,000	9,965	8,819		(1,146)
ENTERPRISE PRODS OPER LLC 4.800% 02/01/49	11,000	10,353	9,786		(567)
EXXON MOBIL CORP NOTE 4.327% 3/19/50	30,000	26,951	25,404		(1,548)
FLORIDA PWR & LT CO 3.000% 04/01/53	14,000	13,930	13,565		(365)
FOX CORPORATION 6.500% 10/13/33	21,000	20,873	22,038		1,165
GENERAL MOTORS FINANCIAL CO 5.800% 01/07/29	8,000	7,993	8,076		82
GENERAL MTRS FINL CO INC 4.300% 04/06/29	13,000	12,758	12,358		(401)

See Independent Auditor's Report

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/2024	Appreciation (Depreciation)	
GM FIN ATMBL LEASE 5.160% 04/20/26	56,000	55,647	55,877	230	
GOLDMAN SACHS BK 5.414% 05/21/27	12,000	12,000	11,980	(20)	
GOLDMAN SACHS GROUP INC 1.431% 03/09/27	26,000	23,853	24,260	407	
GOLDMAN SACHS GROUP INC 1.992% 01/27/32	44,000	41,343	35,763	(5,580)	
HARLEY DAVIDSON MOTORCYCLE 5.370% 03/15/29	12,000	11,999	12,051	52	
HONEYWELL INTERNATIONAL INC 4.950% 09/01/31	25,000	24,955	25,052	97	
INTEL CORP 5.700% 02/10/53	6,000	5,997	5,930	(67)	
INTERNATIONAL BANK 5.550% 01/25/29	23,000	22,989	23,003	15	
INTL BANK FOR RECON & DEV 2.700% 12/28/37	91,000	83,525	70,313	(13,212)	
INTL BANK FOR RECON & DEV 5.750% 06/27/33	25,000	24,738	25,115	377	
INTL BANK RECON & DEVELOP 5.750% 08/26/33	30,000	30,000	30,177	177	
JOHN DEERE CAPITAL CORP 4.700% 06/10/30	11,000	10,990	10,900	(91)	
JOHNSON & JOHNSON 4.900% 06/01/31	28,000	27,975	28,296	321	
JOHNSON CONTROLS INTL 5.500% 04/19/29	10,000	9,974	10,123	149	
JPMORGAN CHASE & CO 2.8218% 8/15/49	10,000	10,300	9,456	(844)	
JPMORGAN CHASE & CO 5.299% 07/24/29	22,000	22,039	22,085	47	
KEURIG DR PEPPER 5.200% 03/15/31	18,000	17,964	17,978	14	
MCDONALDS CORP MED TERM NT B MTNF 3.600% 7/01/30	7,000	6,524	6,485	(38)	
META PLATFORMS INCORPORATED 5.600% 05/15/53	8,000	7,954	8,211	257	
MIDAMERICAN ENERGY COMPANY MTG 4.250% 7/15/49	45,000	55,735	37,170	(18,565)	
MORGAN STANLEY 1.593% 05/04/27	32,000	31,806	29,832	(1,975)	
NEXTERA ENERGY 4.900% 02/28/28	17,000	16,843	16,845	2	
NISSAN AUTO LEASE 5.690% 07/15/26	50,000	49,771	50,006	234	
NORTHROP GRUMMAN CORP 3.250% 01/15/28	15,000	14,009	14,133	124	
NORTHWESTERN UNIVERSITY BOND 3.688% 12/01/38	4,000	4,000	3,474	(526)	
ORACLE CORP 2.300% 03/25/28	15,000	12,639	13,569	930	
ORACLE CORP 3.600% 4/01/40	34,000	34,417	26,231	(8,186)	
PACIFIC GAS & ELECTRIC CO 6.400% 06/15/33	10,000	10,013	10,353	340	
PFIZER INVESTMENT ENTERPRISE 5.110% 05/19/43	3,000	2,966	2,865	(101)	
PFIZER INVT ENTERPRISES 4.750% 05/19/33	19,000	18,414	18,548	134	
PHILIP MORRIS INTL INC 5.125% 02/15/30	5,000	4,819	4,985	166	
PHILLIPS 66 CO 5.250% 06/15/31	11,000	10,954	10,969	15	
PNC FINL SVCS GROUP INC 5.492% 05/14/30	8,000	8,061	8,049	(13)	
PROCTER & GAMBLE COMPANY 4.550% 01/29/34	16,000	16,000	15,735	(265)	
ROYAL BANK 5.150% 02/01/34	15,000	14,866	14,916	50	
SCHWAB CHARLES CORP 5.643% 05/19/29	10,000	9,825	10,139	314	
STARBUCKS CORPORATION 4.900% 02/15/31	26,000	25,914	25,754	(161)	
THE CIGNA GROUP 5.000% 05/15/29	13,000	12,922	12,950	27	
TORONTO DOMINION BANK 3.200% 03/10/32	9,000	7,734	7,802	68	
TORONTO DOMINION BANK 4.693% 09/15/27	18,000	18,000	17,737	(263)	

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501					
(a)	(b)	(c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/2024	Appreciation (Depreciation)	
TORONTO DOMINION BANK 4.994% 04/05/29	15,000	15,000	14,883	(117)	
TOTALENERGIES CAPITAL S.A 5.488% 04/05/54	16,000	16,034	15,856	(178)	
TRANSCANADA PIPELINE 2.500% 10/12/31	35,000	28,428	29,379	952	
UBS 3.983% 02/15/51	14,000	14,419	13,226	(1,193)	
UNION PACIFIC RAILROAD 5.082% 01/02/29	5,557	5,971	5,507	(464)	
UNITED AIR LINES INC 5.800% 07/15/37	12,000	12,000	12,200	200	
UNITED PARCEL SERVICES INC 5.150% 05/22/34	17,000	16,934	16,988	54	
UNITEDHEALTH GROUP INC 5.300% 02/15/30	4,000	4,090	4,071	(19)	
US BANCORP 4.839% 02/01/34	16,000	15,203	15,197	(7)	
US BANCORP FINANCIALS 4.653% 02/01/29	7,000	6,468	6,852	384	
VERIZON COMMUNICATIONS INC 2.100% 03/22/28	15,000	12,984	13,495	511	
VERIZON COMMUNICATIONS INC NOTE 2.650% 11/20/40	27,000	17,908	18,669	762	
VERIZON MASTER 5.000% 12/20/28	14,000	14,000	13,941	(59)	
VERIZON MASTER 5.670% 11/20/29	13,000	12,998	13,158	160	
VIRGINIA ELEC & PWR CO 5.450% 04/01/53	25,000	25,004	23,970	(1,033)	
WELLS FARGO & CO 3.526% 03/24/28	30,000	30,026	28,622	(1,403)	
WELLS FARGO & CO 4.897% 07/25/33	17,000	16,337	16,382	45	
<b>TOTAL CORPORATE BONDS</b>		<b>\$ 1,755,137</b>	<b>\$ 1,662,544</b>	<b>\$ (92,593)</b>	

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
ATTACHMENT FOR SCHEDULE H, LINE 4i

6/30/2024

EIN # 16-6053626 Plan #501				(d)	(e)	
(a)	(b)	(c)		(d)	(e)	Appreciation
Description of Investment	Shares	Cost		FMV @	6/30/2024	(Depreciation)
<u>CD'S</u>						
BANK OF AMERICA CD 5.050% 06/22/26	49,000	\$ 48,927	\$	49,147	\$	221
MORGAN STANLEY BK CD 4.950% 06/14/27	24,000	23,940		24,042		102
MORGAN STANLEY CD 4.800% 06/20/2028	23,000	22,920		23,111		192
MORGAN STANLEY CD 4.800% 06/20/28	23,000	22,920		23,111		192
MRGN STNLY PRIVATE BK CD 4.950% 06/14/27	24,000	23,940		24,042		102
WELLS FARGO BANK CD 4.900% 06/11/27	47,000	46,883		47,026		143
TOTAL CD'S		<u>\$ 189,528</u>	\$	<u>190,479</u>	\$	<u>951</u>
GRAND TOTAL OF INVESTMENTS HELD 6/30/24		<u>\$ 7,579,507</u>	\$	<u>8,047,440</u>	\$	<u>439,324</u>

INTERNATIONAL  
BROTHERHOOD OF  
ELECTRICAL WORKERS

LOCAL UNION 910  
WELFARE FUND

For the Year Ended  
June 30, 2024

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL  
SCHEDULE

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

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**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
<b>Investments at Fair Value</b>		
U.S. Government and Agency Debt Securities	\$ 2,773,623	\$ 2,828,778
Corporate Bonds	1,662,544	1,542,578
Common Stocks and Mutual Funds	3,420,794	2,958,263
Certificates of Deposit	<u>190,479</u>	<u>436,450</u>
Total Investments at Fair Value	<u>8,047,440</u>	<u>7,766,069</u>
<b>Receivables</b>		
Employer Contributions	733,823	574,546
Reciprocals	114,007	72,235
Accrued Interest	30,837	33,557
Other Receivables	9,039	2,000
Bond Premium (Discount)	<u>1,356</u>	<u>(5,741)</u>
Total Receivables	<u>889,062</u>	<u>676,597</u>
<b>Other Assets</b>		
Leasehold Improvement (Net)	<u>27,625</u>	<u>17,925</u>
Total Other Assets	<u>27,625</u>	<u>17,925</u>
<b>Cash</b>		
Demand Deposits	344,821	493,407
Money Market Accounts	171,398	250,754
Cash Management	<u>127,221</u>	<u>146,268</u>
Total Cash and Cash Equivalents	<u>643,440</u>	<u>890,429</u>
<b>Total Assets</b>	<u>9,607,567</u>	<u>9,351,020</u>
<b>Liabilities</b>		
Reciprocals Payable	30,417	33,280
Accounts Payable	<u>140,783</u>	<u>149,297</u>
Total Liabilities	<u>171,200</u>	<u>182,577</u>
<b>Net Assets Available for Benefits</b>		
Unallocated	(668,850)	(977,455)
Allocated	<u>10,105,217</u>	<u>10,145,898</u>
<b>Total Net Assets Available for Benefits</b>	<u>\$ 9,436,367</u>	<u>\$ 9,168,443</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

**For the Years Ended June 30, 2024 and 2023**

	Unallocated		Allocated	
	2024	2023	2024	2023
<b>Additions</b>				
Employer Contributions (Net of Reciprocals)	\$ 0	\$ 0	\$ 6,005,554	\$ 5,932,326
Unallocated Contributions	340,479	80,077	(340,479)	(80,077)
Self Pay	332,291	306,431	0	0
Pap Premium	4,260,975	4,070,567	(4,260,975)	(4,070,567)
Net Appreciation (Depreciation) in Fair Value of Investments	541,492	(92,506)	0	0
Investment Income - Interest and Dividends	<u>251,653</u>	<u>323,803</u>	<u>0</u>	<u>0</u>
<b>Total Additions</b>	<u>5,726,890</u>	<u>4,688,372</u>	<u>1,404,100</u>	<u>1,781,682</u>
<b>Deductions</b>				
Benefits Paid				
Participant Benefits	5,269,201	4,952,673	789,283	842,482
Insured Benefits	<u>34,867</u>	<u>30,064</u>	<u>0</u>	<u>0</u>
<b>Total Benefits Paid</b>	<u>5,304,068</u>	<u>4,982,737</u>	<u>789,283</u>	<u>842,482</u>
Administrative Expenses				
Office Overhead	217,327	216,405	0	0
Professional Fees	366,209	374,522	0	0
Rent	7,500	7,500	0	0
Conference & Meetings	4,935	7,627	0	0
Insurance	173,744	156,759	0	0
Allocated Administrative Expenses	<u>(655,498)</u>	<u>(613,988)</u>	<u>655,498</u>	<u>613,988</u>
<b>Total Administrative Expenses</b>	<u>114,217</u>	<u>148,825</u>	<u>655,498</u>	<u>613,988</u>
<b>Total Deductions</b>	<u>5,418,285</u>	<u>5,131,562</u>	<u>1,444,781</u>	<u>1,456,470</u>
<b>Net Increase (Decrease)</b>	308,605	(443,190)	(40,681)	325,212
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>(977,455)</u>	<u>(534,265)</u>	<u>10,145,898</u>	<u>9,820,686</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ (668,850)</u>	<u>\$ (977,455)</u>	<u>\$ 10,105,217</u>	<u>\$ 10,145,898</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS**

**June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts Currently Payable</b>		
Health Claims Payable and Claims Incurred		
But Not Reported	\$ 349,451	\$ 205,949
<b>Postretirement Benefit Obligations, Net of Amounts</b>		
<b>Currently Payable</b>		
Retired Participants	8,154,031	6,569,813
Other Participants Fully Eligible for Benefits	3,391,382	2,913,819
Participants Not Yet Fully Eligible for Benefits	<u>6,600,753</u>	<u>6,376,799</u>
Total	<u>18,146,166</u>	<u>15,860,431</u>
<b>Total Benefit Obligations</b>	<u>\$ 18,495,617</u>	<u>\$ 16,066,380</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

**For the Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts Currently Payable</b>		
Balance at Beginning of Year	\$ 205,949	\$ 471,212
Claims Reported and Approved for Payment	5,447,570	4,717,474
Claims Paid	<u>(5,304,068)</u>	<u>(4,982,737)</u>
Balance at End of Year	<u>349,451</u>	<u>205,949</u>
 <b>Postretirement Benefit Obligations, Net of Amounts</b>		
<b>Currently Payable</b>		
Balance at Beginning of Year	15,860,431	15,104,749
Increase Due to Passage of Time	758,067	657,903
Increase Due to Change in Claims Experience and Insurance Premiums (Net of Self Payments) and Assumptions	748,357	1,940,033
Increase (Decrease) Due to Changes in Net Expected Benefits Paid and Plan Experience	<u>779,311</u>	<u>(1,842,254)</u>
Balance at End of Year	<u>18,146,166</u>	<u>15,860,431</u>
 <b>Total Benefit Obligations at the End of the Year</b>	 <u>\$ 18,495,617</u>	 <u>\$ 16,066,380</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### **Operations**

The International Brotherhood of Electrical Workers Local Union 910 Welfare Fund (the Fund) is a multi-employer, collectively bargained health and welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). It was formed in 1996 under an agreement between Northern New York Chapter of NECA and the Labor Union. Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Fund. The Fund office is located in Watertown, New York. Contributing employers primarily represent electricians in northern New York State. Approximately 42 percent of employer contributions are derived from the Fund's three largest employers.

##### **Basis of Accounting**

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

##### **Contributions Receivable**

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received subsequent to the year end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no credit loss adjustment or allowance for uncollectible accounts has been recorded at June 30, 2024 and 2023, respectively.

##### **Basis of Presentation**

The Fund follows Financial Accounting Standards Board authoritative literature on Accounting and Reporting by Health and Welfare Benefit Plans for reporting purposes. The provisions require that the Fund include all claims related liabilities in a statement of benefit obligations at year end and changes in benefit obligations for the year then ended.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

##### **Leasehold Improvements**

Property consisting of leasehold improvements is recorded at cost. Depreciation is determined using the straight-line method over estimated useful lives of the assets ranging from 5 to 40 years. Depreciation expense totaled \$1,310 and \$858 for the years ending June 30, 2024 and 2023, respectively.

##### **Investment Valuation and Income Recognition**

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees of the Plan determines the Plan's valuation policies and procedures. See Note 3 for discussion of fair value measurements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

**NOTE 2 DESCRIPTION OF PLAN**

The following brief description of the IBEW Local Union 910 Welfare Fund provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The I.B.E.W. Local Union 910 and the Northern New York Chapter of NECA and the Labor Union have committed themselves to pay certain medical, dental, optical and prescription claims incurred under the terms of the plan for eligible members on a self-insured basis.

**Stop Loss Coverage**

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Claims in excess of \$170,000 and aggregating specific deductible of \$80,000 will be refunded to the Fund. During the plan year ended 2024 there were five claims over the deductible limits.

**Participant Accounts**

The Plan includes a "personal account program", which is a nonvested benefit whereby all contributions received and benefits paid are allocated to each member. Members may apply for distribution of a portion of their individual account balance to pay for expenses incurred which are not covered by the Plan. These individual account balances, and the related activity, are designated on the financials as allocated net assets available for benefits.

**Eligibility**

Eligibility for benefits is based on covered employment. Bargaining unit employees who are employed by contributing employers, and retirees meeting certain criteria, shall be covered, as determined by having sufficient credited dollars from the individual accounts to make the required premium. Participants may self pay up to a specified period of time to the fund if they have insufficient funds in their individual account.

**Benefits**

Under the Plan, eligible participants and their dependents are provided with certain hospital, surgical, major medical, preventative care, dental, and prescription drug benefits. The Plan also provides eligible participants with life, accidental death and dismemberment benefits. Members should refer to the Plan Document for specific coverage and eligibility requirements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 DESCRIPTION OF PLAN (Continued)**

In addition, participants may use their participant accounts to pay certain out-of-pocket medical costs. Use of the participant account for this purpose is allowable only for monies in excess of a \$2,000 reserve in the account.

**Funding Policy**

The Plan is funded by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The contributions are allocated to the individual accounts on a dollar basis. The established contribution rates are anticipated to be sufficient to maintain the benefits provided by the Plan.

The Trustees have established a tiered allocation for hourly contribution rates between the Welfare Fund and the Annuity Fund. The minimum contribution for the Welfare Fund is as follows:

<u>4/1/23 - 3/31/24</u>	<u>4/1/24 - 3/31/25</u>
Tier A 14.47	Tier A 15.39
Tier B 12.13	Tier B 12.63
Tier C 7.88	Tier C 8.21
Tier D 1.82	Tier D 1.89

These amounts are subject to change on April 1 of the following year. Participants should refer to the pamphlet "Welfare Plan – Summary Plan Description" for a more complete description of the Plan's provisions. Copies of the pamphlet are available from the office of the Trustees of the Welfare Fund.

**Priorities on Termination of Plan**

The Trustees reserve the rights to change or discontinue (1) the types and amounts of benefits under the Plan and (2) the eligibility rules for extended or accumulated eligibility, even if extended eligibility has already been accumulated.

Benefits provided by the Plan:

- are not guaranteed;
- are not intended or considered to be deferred income;
- are not vested at any time;
- are subject to the rules and regulations adopted by the Trustees; and
- may be modified or discontinued and such right to modify or terminate is not contingent on financial necessity.

The nature and amount of Plan benefits are always subject to the actual terms of the Plan as it exists at the time the claim occurs.

In the event of termination, the Plan will follow the provisions of ERISA and the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provisions of benefits for or on account of the participants.

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

#### NOTE 3 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a 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 are described as follows:

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

**Level 2:** Inputs to the valuation methodology include the following:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023:

U.S. Government and Agency Debt Securities: Bonds, notes, and government securities for which no sale was reported on that date are valued at the last reported bid price.

Corporate Bonds: Corporate bonds traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the plan year are valued at the average of the last reported bid and asked prices.

Common Stocks and Mutual Funds: Fair values of securities traded on a national securities exchange are based on the last reported sales price on the last business day of the year.

Short-Term Investments and Certificates of Deposit: Valued at amortized cost which approximates fair value.

All assets have been valued using a market approach.

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

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of June 30, 2024 and 2023:

Investments	Total	2024		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
U.S. Government and Agency Securities	\$ 2,773,623	\$ 0	\$ 2,773,623	\$ 0
Corporate Bonds	1,662,544	0	1,662,544	0
Common Stocks and Mutual Funds	3,420,794	3,420,794	0	0
Certificates of Deposit	190,479	190,479	0	0
Total	<u>\$ 8,047,440</u>	<u>\$ 3,611,273</u>	<u>\$ 4,436,167</u>	<u>\$ 0</u>

Investments	Total	2023		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
U.S. Government and Agency Securities	\$ 2,828,778	\$ 0	\$ 2,828,778	\$ 0
Corporate Bonds	1,542,578	0	1,542,578	0
Common Stocks and Mutual Funds	2,958,263	2,958,263	0	0
Certificates of Deposit	436,450	436,450	0	0
Total	<u>\$ 7,766,069</u>	<u>\$ 3,394,713</u>	<u>\$ 4,371,356</u>	<u>\$ 0</u>

**NOTE 4 RELATED-PARTY TRANSACTIONS**

The Fund has common trustees and members and shares certain administrative costs with I.B.E.W. Local Union 910 Building Corporation (Building Corp.), I.B.E.W. Local Union 910 Annuity Fund (Annuity Fund) and I.B.E.W. Local Union 910 Pension Fund (Pension Fund). The Fund rents office space from the Building Corp. in Watertown, New York on a monthly basis at \$425 per month, and meeting hall space in Plattsburgh, New York on a monthly basis at \$200 per month. Total rent paid to the Building Corp. for each of the years ended June 30, 2024 and 2023 was \$7,500.

The Fund shares numerous expenses with the Annuity Fund and the Pension Fund. Management fees paid by the Annuity Fund was \$12,000 and \$8,000 for the years ended June 30, 2024 and 2023, respectively. The Fund reimbursed the Pension Fund a total of \$194,751 and \$183,443 for shared expenses for the years ended June 30, 2024 and 2023, respectively.

The Fund has a common checking account in which employer contributions covering all benefit funds are deposited, and subsequently distributed to the appropriate benefit funds. A minimum amount of \$6,000 is kept in this account at all times, \$2,000 of which is shown as being receivable by each of the Welfare Fund, the Annuity Fund and the Pension Fund. At June 30, 2024 and 2023, the Fund owed the Annuity Fund \$24,822 and \$23,711, respectively. At June 30, 2024 and 2023, the Fund owed the Pension Fund \$36,549 and \$39,649, respectively. The Fund recorded \$45,996 and \$54,710 as being receivable from this account at June 30, 2024 and 2023, respectively.

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 910 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

#### NOTE 5 DEFERRED COMPENSATION PLAN

Effective August 1, 2019, the Fund, together with the Pension Fund, established the I.B.E.W. Local 910 Pension and Welfare Nonqualified Deferred Compensation Plan of 2019 (the Deferred Comp. Plan). The Deferred Comp. Plan shall be maintained by the exclusive benefit of the covered employee and is intended to comply with eligible deferred compensation plan requirements of Code Section 457(b). The employer shall credit the Deferred Compensation Account of the Participant (Mark Capone, Fund Manager) an amount equal to \$10,000 for each of the next five years commencing on December 31, 2019. The funding of the deferred compensation will be \$5,000 from both I.B.E.W. Local 910 Pension Fund and I.B.E.W. Local 910 Welfare Fund. The Funds will be invested with 80% in equity and 20% fixed income.

#### NOTE 6 TAX STATUS

The Plan obtained a determination letter, dated April 6, 2000, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax council 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 income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognized a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal or state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and had concluded that as of June 30, 2024 and 2023 there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### NOTE 7 RISKS, UNCERTAINTIES, AND CONCENTRATIONS OF CREDIT RISK

Contributions Receivable - Contributing employers primarily represent electricians in northern New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required.

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

Benefit Obligations - The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Cash Deposits in Excess of Insured Limits - The Fund maintains its cash accounts at Community Bank, NA. Accounts at this institution are guaranteed by the Federal Deposit Insurance Corporation (FDIC). The FDIC insurable limit for interest bearing accounts and non-interest-bearing accounts is \$250,000 per depositor. Throughout the year, the Fund's cash balances may exceed FDIC insured limits and management considers these circumstances to be a normal business risk.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 9,436,367	\$ 9,168,443
Health Claims Payable and Claims Incurred But Not Reported	<u>(349,451)</u>	<u>(205,949)</u>
Net Assets Available for Benefits Per the Form 5500	<u>\$ 9,086,916</u>	<u>\$ 8,962,494</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the years ended June 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Benefits Paid to Participants Per the Financial Statements	\$ 6,093,351	\$ 5,825,219
(Decrease) Increase in Benefits Payable	<u>143,502</u>	<u>(265,263)</u>
Benefits Paid to Participants Per the Form 5500	<u>\$ 6,236,853</u>	<u>\$ 5,559,956</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30, but not yet paid as of that date.

**NOTE 9 BENEFIT OBLIGATIONS**

**Postretirement Benefits**

The Plan's deficiency of net assets over benefit obligations at June 30, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. As previously stated, benefits for Actives and Retirees are not vested and are subject to amendment, change or discontinuance by the Board of Trustees. As a result, the Trustees have determined that the post-retirement benefit obligation is not to be funded but rather addressed by exercising their rights under the Plan.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to retired participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from retired participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The Plan of Benefits provides that the Trustees reserve the right to amend, modify or discontinue all or part of the Plan of Benefits for Actives or Retirees.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims – cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 9 BENEFIT OBLIGATIONS (Continued)**

The medical trend assumption used is the Society of Actuaries (SOA) Long Term Healthcare Cost Trends Model baseline projection. The model has been constructed as an analytic aid for projection of the expected growth rates in medical premiums and expenditures to 2099; and particularly in the estimation of reportable liabilities for retiree health benefits as specified under ASC 965.

The following assumptions were used as input variables into this model, in addition to other significant assumptions used in the valuations as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Rate of Inflation	2.60%	2.50%
Rate of Growth in Real Income/GDP Per Capita	1.40%	1.40%
Extra Trend Due to Technology and Other Factors	.90%	1.00%
Health Share of GDP Resistance Point	17.00%	20.00%
Year for Limiting Cost Growth to GDP Growth	2075	2075
Weighted-Average Discount Rate	5.33%	4.91%
Average Retirement Age	62	62
Mortality	PRI-2012 Tables with Generational Projection Using Scale MP-2021	PRI-2012 Tables with Generational Projection Using Scale MP-2021

The SOA Long Term Healthcare Cost Trends Resource Model baseline projection is based on an econometric analysis of historical U.S. medical expenditures and the judgments of experts in the field.

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

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the preceding tables. If the assumed rates increased by one percentage point in each year, it would increase the obligation by \$2,875,718 and \$2,590,963 as of June 30, 2024 and 2023, respectively.

To be eligible, the pensioner must have been covered under the Local 910 Welfare Plan on his/her effective date of retirement; and the pensioner must have been covered under the Local 910 Welfare Plan for the last half of the eight-year period ending on the day before his/her effective date of retirement. The Welfare Fund is a self-funded plan. A stop loss policy will apply to claims under the Plan's medical benefits only.

Medical benefits are administered by Excellus BCBS. Prescription benefits for pre-Medicare retirees is administered by a third-party administrator, SAV-RX.

Medicare eligible participants may be reimbursed up to \$750 per participated year for Medicare Part D Premiums. Medicare eligible participants are not eligible for prescription drug benefits.

**Other Plan Obligations**

Plan obligations at June 30 for health claims incurred by active participants, but not reported at that date, are estimated based upon the current benefit experience of the Fund. Such estimated amounts are reported in the Plan's benefit obligations. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**LOCAL UNION 910 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 10 PARTY IN INTEREST**

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan or an employer whose employees are covered by the Plan. The Plan pays expenses related to Plan operations and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions.

**NOTE 11 SUBSEQUENT EVENTS**

Management has evaluated subsequent events through April 3, 2025, the date on which the financial statements were available to be issued.

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

**B** This return/report is:  a single-employer plan the first return/report  a DFE (specify) \_\_\_\_\_  
 an amended return/report  the final return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan <b>I.B.E.W. LOCAL #910 HEALTH &amp; WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>TRUSTEES OF THE I.B.E.W. LOCAL 910 HEALTH &amp; WELFARE</b>  <b>25001 WATER STREET</b>  <b>WATERTOWN NY 13601</b>	<b>1c</b> Effective date of plan <b>01/01/1966</b>  <b>2b</b> Employer Identification Number (EIN) <b>**-***3626</b>  <b>2c</b> Plan Sponsor's telephone number <b>315-782-5941</b>  <b>2d</b> Business code (see instructions) <b>561110</b>

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

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

SIGN HERE	<i>Mark A. Capone</i>	4/9/25	MARK A. CAPONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Travis J. Flunt</i>	4/9/25	TRAVIS J. FLUNT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <b>TRUSTEES OF THE I.B.E.W. LOCAL 910</b> <b>HEALTH &amp; WELFARE FUND</b>  25001 WATER STREET WATERTOWN NY 13601	<b>3b</b> Administrator's EIN ** - *** 3626 <hr/> <b>3c</b> Administrator's telephone number 3157825941
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	478
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	386
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	365
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	101
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	466
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	48

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4U

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  H (Financial Information)
- (2)  I (Financial Information - Small Plan)
- (3)  A (Insurance Information) - Number Attached 4
- (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 \_\_\_\_\_