

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
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	
1a	Name of plan I.B.E.W. LOCAL #910 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND 25001 WATER STREET WATERTOWN, NY 13601-2145	2b Employer Identification Number (EIN) 16-6149240 2c Plan Sponsor's telephone number 315-782-5941 2d Business code (see instructions) 561110

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

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

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND 25001 WATERTOWN, NY 13601-2145		3b Administrator's EIN 16-6149240	
		3c Administrator's telephone number 315-782-5941	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	700
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	41
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

Round off amounts to nearest dollar.

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

A Name of plan I.B.E.W. LOCAL #910 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND	D Employer Identification Number (EIN) 16-6149240

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 65710524
(2) Actuarial value of assets for funding standard account	1b(2) 69246782
c (1) Accrued liability for plan using immediate gain methods	1c(1) 72345769
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c) 0
(3) Accrued liability under unit credit cost method	1c(3) 72345769
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 132819034
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3293681
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4265979
(3) Expected plan disbursements for the plan year	1d(3) 4665979

Statement by Enrolled Actuary

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

SIGN HERE	01/22/2025
Signature of actuary ROBERT MARCELLA, EA, FCA	Date 23-08066
Type or print name of actuary BOLTON PARTNERS NORTHEAST, INC.	Most recent enrollment number 609-588-9166
Firm name 9000 MIDLANTIC DRIVE, SUITE 100, MT. LAUREL, NJ 08054	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	65710524
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	270	55640314
(2) For terminated vested participants	129	18296454
(3) For active participants:		
(a) Non-vested benefits		5663862
(b) Vested benefits		53218404
(c) Total active	311	58882266
(4) Total	710	132819034
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.47 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2023	4440772	0			
Totals ▶			3(b)	4440772	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.85 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	AF	AF
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.6 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	400000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1699020	174339

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1694418

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

	Outstanding balance	
9c(1)	19921753	3540445
9c(2)	0	0
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 366440**e** Total charges. Add lines 9a through 9d**9e** 5601303**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 13087847**g** Employer contributions. Total from column (b) of line 3**9g** 4440772**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1106679**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	3734919	501460
9j(1)	22916736	
9j(2)	52847874	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 19136758**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 13535455**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

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

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

A Name of plan I.B.E.W. LOCAL #910 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND	D Employer Identification Number (EIN) 16-6149240

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).....

No

Yes

☒
- b

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

(b)

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

(b)

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

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

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

MARK CAPONE

25001 WATER STREET
WATERTOWN, NY 13601

(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?
30	FUND MANAGER	121113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNING & NAPIER

29 WOODCLIFF DRIVE
FAIRPORT, NY 14450

16-0995736

(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	108556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELINDA CLEMENT

25001 WATER STREET
WATERTOWN, NY 13601

(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?
30	BENEFIT SPECIALIST	82305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATIONAL REAL ESTATE ADVISORS LLC

900 7TH STREET NW
WASHINGTON, DC 20001

26-3437991

(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	65975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEIZERT CAPITAL PARTNERS LLC

185 OAKLAND AVENUE SU 100
BIRMINGHAM, MI 48009

38-3553488

(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	61167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHTOWER ADVISORS MORGIA GRP

151 MULLIN STREET
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 ADVISORS	56700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEDGEWOOD PARTNERS INC

9909 CLAYTON RD
ST LOUIS, MO 63124

43-1468106

(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	54752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHERI EDMUNDS

25001 WATER STREET
WATERTOWN, NY 13601

(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?
30	ADMINISTRATIVE ASST	39533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	36368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMMUNITY BANK NA

PO BOX 690
OLEAN, NY 14760

15-0436580

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	30894	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	28000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	27441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INTEGRA CONSULTING

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	22038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOLTON PARTNERS NORTHEAST INC

2277 STATE HWY 33 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	20400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACKEL & NAVARRA CPA PC

216 WASHINGTON ST SU 402
WATERTOWN, NY 13601

16-1215909

(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	ACCOUNTANT	8600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan I.B.E.W. LOCAL #910 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND	D Employer Identification Number (EIN) 16-6149240	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	386349	321488
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	487885	622594
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	161080	170282
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1760477	1523596
(2) U.S. Government securities	1c(2)	13960484	13957703
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4978334	6531332
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	37272263	44303578
(5) Partnership/joint venture interests	1c(5)	5874094	5144003
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	936507	453031

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		10557
f Total assets (add all amounts in lines 1a through 1e)	1f	65817473	73038164
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	36536	47440
i Acquisition indebtedness	1i		
j Other liabilities	1j	70413	91967
k Total liabilities (add all amounts in lines 1g through 1j)	1k	106949	139407
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	65710524	72898757

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4440772	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4440772
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8775	
(B) U.S. Government securities	2b(1)(B)	783488	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		792263
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	552690	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		552690
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	32417644	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30942867	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1474777
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5089714	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		51091
d Total income. Add all income amounts in column (b) and enter total	2d		12401307

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4370464	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4370464
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	417538	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	27291	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	369781	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		842610
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5213074

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7188233
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☒		10200
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 531533.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan I.B.E.W. LOCAL #910 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND		D Employer Identification Number (EIN) 16-6149240
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **S&L ELECTRIC**

b EIN **16-1109762**

c Dollar amount contributed by employer **689417**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **O'CONNELL ELECTRIC**

b EIN **16-0950645**

c Dollar amount contributed by employer **342439**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **NYTRIC ELECTRIC**

b EIN **20-3955136**

c Dollar amount contributed by employer **516370**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **WEYDMEN ELECTRIC**

b EIN **16-0803337**

c Dollar amount contributed by employer **150383**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **COLLINS HAMMOND ELECTRIC**

b EIN **16-1209547**

c Dollar amount contributed by employer **378585**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **WILLIAM J MURRAY**

b EIN **14-1458111**

c Dollar amount contributed by employer **197811**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WATSON ELECTRIC**

b EIN **16-1582615**

c Dollar amount contributed by employer **249839**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **BLACKSTONE ELETRIC**

b EIN **36-4962281**

c Dollar amount contributed by employer **238480**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **J&R ELECTRIC INC**

b EIN **16-1521849**

c Dollar amount contributed by employer **170478**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer **MICHELS CORPORATION**

b EIN **85-2624638**

c Dollar amount contributed by employer **209105**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **8.75**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

129

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

14b

128

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

14c

133

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

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

15a

1.01

b The corresponding number for the second preceding plan year

15b

0.96

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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 Pension Fund

Opinion

We have audited the accompanying financial statements of IBEW Local Union 910 Pension 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 as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IBEW Local Union 910 Pension Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW Local Union 910 Pension 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 Pension 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 misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local Union 910 Pension 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 Pension 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

D'Arcangelo + Co., LLP

January 31, 2025

Utica, New York

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Local 910 Plan

Effective Date	July 1, 1966
Plan Year	July 1 through June 30
Pension Service	• Prior to 7/1/66: one year for each year in which 400 hours were worked in a classification for which Local 910 was the bargaining representative • 7/1/66 to 6/30/75: one quarter of a year for each 300 hours of pension service earned under the Local 910 Plan in a year • 7/1/75 to 6/30/79: .001 of a year for each hour worked under the Local 910 Plan in a year • After 7/1/79: .001 of a year for each hour worked under the Local 910 Plan in a year (adjusted proportionately for different contribution rates) • No more than one year of pension service may be earned in any one year prior to 7/1/72.
Vesting Service	• Prior to 7/1/76: one year for each year that at least three quarters of a year of pension service was earned • After 6/30/75: one year for each year that at least 1,000 hours of pension service and/or related service is earned
Participation	• Age Requirement: none • Service Requirement: 500 hours of pension service
Normal Pension	• Age Requirement: 65 • Service Requirement: 15 years of pension service or 5 years of vesting service or 5 years of continuous plan participation • Amount: \$69.00 per month for each year of pension service earned
Early Pension	• Age Requirement: 55 • Service Requirement: 15 years of pension service or 10 years of vesting service • Amount: same as normal but reduced 1/4 of 1% for each month prior to normal

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Disability Pension	• Age Requirement: under 55 • Service Requirement: 15 years of pension service or 10 years of vesting service • Amount: 70% of normal
Lump Sum Death Benefit	• Age Requirement: none • Service Requirement: none • Amount: return of employer contributions, less pension payments
Pre-Pension Surviving Spouse Pension	• Age Requirement: none • Service Requirement: vested • Amount: 50% of married couple benefit • Duration: life of spouse
Vesting	• Age Requirement: none • Service Requirement: 5 years of vesting service or 15 years of pension service
Optional Forms of Benefit	• Single Life Annuity • 50% married couple form (with free “pop-up”) • 75% married couple form (with free “pop-up”) • 100% married couple form (with free “pop-up”) • Level Income option

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Former Local 781 Plan

Pension Service

- **Prior to 1/1/73:** one year for each year in which at least 800 hours were worked in a classification for which Local 781 acted as bargaining representative
- **1/1/73 to 12/31/78:** one quarter of a year for each 400 hours worked under the Local 781 Plan
- **After 12/31/78:** one sixteen-hundredths of a year for each hour worked under the Local 781 Plan prior to 11/1/94 or the Local 910 Plan after 10/31/94 provided at least 400 hours are worked
- No more than one year of pension service may be earned in any one year prior to 1/1/85. No more than one and one-half years of pension service may be earned in any one year after 1984.

Participation

- **Age Requirement:** none
- **Service Requirement:** 400 hours of pension service

Normal Pension

- **Age Requirement:** 65
- **Service Requirement:** 15 years of pension service or 5 years of vesting service or 5 years of participation in the plan
- **Amount:** \$45.00 per month for each year of pension service earned

Early Pension

- **Age Requirement:** 55
- **Service Requirement:** 15 years of pension service
- **Amount:** same as normal but reduced 1/4 of 1% for each month prior to normal

Disability Pension

- **Age Requirement:** under 55
- **Service Requirement:** 15 years of pension service
- **Amount:** 75% of normal

Lump Sum Death Benefit

- **Age Requirement:** none
 - **Service Requirement:** none
 - **Amount:** return of employer contributions, less pension payments
-

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

**Pre-Pension
Surviving Spouse
Pension**

- **Age Requirement:** none
- **Service Requirement:** vested
- **Amount:** 50% of married couple benefit
- **Duration:** life of spouse

Vesting

- **Age Requirement:** none
- **Service Requirement:** 15 years of pension service or 5 years of vesting service

**Optional Forms of
Benefit**

- Single Life Annuity
 - 50% married couple form (with free “pop-up”)
 - 75% married couple form (with free “pop-up”)
 - 100% married couple form (with free “pop-up”)
 - Level Income option
-

Former Local 781 Plan participants’ benefits are based on the larger of the Local 910 Plan or the former Local 781 Plan benefits.

Changes to Prior Year’s Plan Provisions

No plan changes have taken place since the prior valuation.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
<u>EQUITIES</u>				
ALPHABET INC CLASS A	6,385	407,305	1,163,028	755,723
ELECTRONIC ARTS INC	2,769	268,681	385,805	117,124
EPAM SYSTEMS INC	851	156,143	160,082	3,939
META PLATFORMS INC	1,253	318,112	631,788	313,675
ALPHABET INC CLASS A	3,761	381,597	685,066	303,469
META PLATFORMS INC	2,088	448,953	1,052,811	603,858
LIBERTY BROADBAND CORP C	3,789	400,221	207,713	(192,508)
LIBERTY SIRIUSXM GROUP CL C	17,358	314,279	384,653	70,374
WARNER BROS DISCOVERY INC	28,487	547,574	211,943	(335,631)
AMAZON.COM INC	3,612	374,256	698,019	323,763
BOOKING HOLDINGS INC	149	341,012	590,264	249,251
POOL CORPORATION	865	332,924	265,840	(67,084)
TRACTOR SUPPLY CO	2,470	174,631	666,900	492,269
AUTOZONE INC	184	267,182	545,394	278,213
GRAHAM HLDGS CO	669	375,173	467,999	92,826
LKQ CORPORATION	7,949	308,984	330,599	21,615
COCA COLA COMPANY	7,030	387,730	447,460	59,729
CONSTELLATION BRANDS INC	840	223,642	216,115	(7,527)
MONDELEZ INTL INC CL A	1,991	96,517	130,291	33,775
TEXAS PACIFIC LAND CORP	337	132,993	247,449	114,456
INTERCONTINENTALEXCHANGE GRP	1,565	157,775	214,233	56,458
MASTERCARD INC CLASS A	1,373	288,440	605,713	317,272
MERCADOLIBRE INC	158	220,581	259,657	39,076
MOODY'S CORP	652	191,712	274,446	82,734
MSCI INC	469	226,356	225,941	(415)
S&P GLOBAL INC	474	144,729	211,404	66,675
VISA INC CLASS A	1,668	238,930	437,800	198,870
WEST FRASER TIMBER CO LTD	1,347	104,021	103,544	(477)
PAYPAL HOLDINGS INC	12,338	926,351	715,974	(210,377)
S&P GLOBAL INC	591	157,165	263,586	106,421
VISA INC CLASS A	3,118	521,611	818,381	296,771
MARKEL GROUP INC	394	398,353	620,810	222,457
MUELLER INDS INC	7,383	381,775	420,388	38,613
ZIONS BANCORP	8,279	328,874	359,060	30,186
ABERDEEN STD PHY SWISS GOLD ETF	45,031	678,770	1,000,589	321,819
DOUBLELINE STRATEGIC COMMODITY 1	275,560	2,473,318	2,108,038	(365,281)
ISHARES GOLD TRUST	22,715	679,507	997,870	318,362
SPDR GOLD SHARES	4,625	681,482	994,421	312,939
GQG PARTNERS EMERG MKT INSTL	107,550	1,936,326	1,977,839	41,513
PIMCO RAE EMERGING MKT INSTL	180,653	2,023,740	1,994,408	(29,332)
ALCON INC	1,964	116,752	174,953	58,201
INTUITIVE SURGICAL INC	430	91,595	191,286	99,691

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
JOHNSON & JOHNSON	2,539	293,455	371,100	77,645
THERMO FISHER SCIENTIFIC INC	239	68,659	132,167	63,508
VERTEX PHARMACEUTICALS INC	338	76,371	158,427	82,057
EDWARDS LIFESCIENCES CORP	5,775	269,644	533,437	263,793
UNITEDHEALTH GROUP INC	1,454	647,792	740,464	92,672
EXELIXIS INC	16,389	355,460	368,261	12,801
HOLOGIC INC	3,606	301,937	267,746	(34,191)
HDFC BANK LTD	5,094	280,930	327,697	46,767
HUMANA INC	393	146,331	146,844	513
INCYTE CORP	4,220	307,676	255,816	(51,859)
UNITED THERAPEUTICS CORP	1,194	157,335	380,349	223,014
CANADIAN NATL RAILWAY CO	2,224	268,839	262,721	(6,118)
COPART INC	4,560	87,873	246,970	159,097
CSX CORP	8,307	265,301	277,869	12,568
L3HARRIS TECHNOLOGIES INC	2,040	421,722	458,143	36,422
MASCO CORP	2,038	103,512	135,873	32,362
NORTHROP GRUMMAN CORP	452	202,850	197,049	(5,800)
PHILIP MORRIS INTL INC	3,973	356,256	402,584	46,328
UNION PACIFIC CORP	920	190,190	208,159	17,969
COPART INC	12,660	284,769	685,666	400,897
OLD DOMINION FGHT LINES INC	1,516	193,002	267,726	74,724
ACUITY BRANDS INC	1,783	225,038	430,488	205,450
ALLISON TRANSMISSION HLDGS	8,405	309,954	637,940	327,985
ROBERT HALF INTL INC	3,871	284,492	247,667	(36,826)
SNAP ON INC	1,315	387,939	343,728	(44,211)
T ROWE PRICE GROUP INC	3,466	403,959	399,664	(4,295)
MICRON TECHNOLOGY	1,009	61,913	132,714	70,801
MICROSOFT CORP	1,063	336,061	475,108	139,047
SERVICENOW INC	407	246,162	320,175	74,012
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADS	6,090	669,209	1,058,503	389,294
APPLE INC	1,084	199,808	228,312	28,504
APPLE INC	4,250	168,050	895,135	727,085
ASTRAZENECA PLC ADR	4,258	276,541	332,081	55,540
ATLASSIAN CORPORATION CL A	960	158,040	169,805	11,765
BLACKROCK INC	186	148,877	146,442	(2,435)
CDW CORPORATION	2,283	275,271	511,027	235,756
MICROSOFT CORP	1,706	334,988	762,497	427,509
MOTOROLA SOLUTIONS INC	1,908	282,211	736,583	454,373
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADS	2,765	236,161	480,585	244,424
CHECK POINT SOFTWARE TECH LT	2,173	272,860	358,545	85,685
CIRRUS LOGIC INC	3,897	287,842	497,491	209,649
COGNIZANT TECH SOLUTION CL A	5,401	388,240	367,268	(20,972)
ELECTRONIC ARTS INC	2,958	341,362	412,138	70,776

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
FOX CORP	12,275	380,775	421,892	41,117
F5 INC	2,564	368,178	441,598	73,420
GODADDY INC CL A	2,775	209,682	387,695	178,013
NETAPP INC	3,933	214,696	506,570	291,874
FISERV INC	1,448	223,076	215,810	(7,266)
GLOBANT SA	920	159,561	163,999	4,438
O REILLY AUTOMOTIVE INC	210	194,814	221,773	26,958
CENTENE CORP	5,316	383,491	352,451	(31,040)
UNITEDHEALTH GROUP INC	285	143,401	145,138	1,737
EVERGY INC	4,118	241,258	218,130	(23,127)
TOTAL EQUITIES		\$ 33,319,888	\$ 44,303,578	\$ 10,983,691

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

6/30/2024

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
GOVERNMENT BONDS/SECURITIES				
FED HOME LOAN MORTG CORP 5.500% 06/01/53	483,582	483,582	478,755	(4,826)
FEDERAL FARM CREDIT BANK 5.740% 01/30/32	107,000	106,866	106,133	(733)
FEDERAL FARM CREDIT BANK 5.950% 07/11/33	148,000	147,778	147,935	157
FEDERAL FARM CREDIT BANK 5.980% 12/27/33	7,000	6,988	6,985	(3)
FEDERAL FARM CREDIT BANKS 2.480% 01/19/34	147,000	140,578	121,038	(19,539)
FEDERAL HOME LN MTG CORP 1.500% 10/29/32	58,000	44,511	45,060	549
FEDERAL HOME LOAN MORT CORP 0.750% 12/25/50	28,741	21,340	21,062	(278)
FEDERAL HOME LOAN MORT CORP 2.500% 05/01/51	52,775	43,787	44,014	227
FEDERAL HOME LOAN MORT CORP 2.500% 09/01/51	42,584	35,976	35,550	(426)
FEDERAL HOME LOAN MORT CORP 3.000% 02/01/50	26,654	23,876	23,421	(455)
FEDERAL HOME LOAN MORT CORP 3.500% 07/01/51	46,364	43,625	41,638	(1,988)
FEDERAL HOME LOAN MORG CORP 4.500% 05/01/39	54,742	53,964	53,201	(763)
FEDERAL HOME LOAN MORTG CORP 4.500% 09/01/52	508,648	490,210	481,481	(8,728)
FEDERAL HOME LOAN MORG CORP 5.000% 04/01/54	19,946	19,126	19,312	186
FEDERAL HOME LOAN MORG CORP 5.000% 07/01/53	42,732	41,630	41,944	314
FEDERAL HOME LOAN MORG CORP 5.500% 06/01/53	23,644	23,212	23,379	167
FEDERAL HOME LOAN MORG CORP 6.000% 02/01/53	49,265	50,188	50,049	(139)
FEDERAL HOME LOAN MORG CORP 6.000% 08/01/53	26,087	25,998	26,206	209
FEDERAL HOME LOAN MORG CORP 6.000% 05/01/53	35,829	35,706	36,108	402
FEDERAL HOME LOAN MORG CORP 6.500% 11/01/53	42,152	43,812	43,701	(111)
FEDERAL HOME LOAN MORG CO 5.000% 12/01/52	51,587	50,088	50,891	803
FEDERAL HOME LOAN MORTG CORP 5.000% 12/01/52	403,324	399,779	391,031	(8,748)
FEDERAL HOME LOAN MORTG 5.700% 01/26/29	102,000	102,000	101,804	(196)
FEDERAL HOME LOAN MOTG CO 6.000% 11/01/53	760,839	750,051	768,090	18,039
FEDERAL HOME LOAN MTG CO 3.500% 05/01/52	30,175	25,215	26,923	1,707
FEDERAL HOME LOAN MTG 2.000% 01/25/51	20,684	21,372	16,420	(4,952)
FEDERAL HOME LOAN MTG 2.000% 03/25/44	33,598	34,414	30,741	(3,673)
FEDERAL HOME LOAN MTG 2.000% 05/25/46	8,889	9,167	7,637	(1,530)
FEDERAL HOME LOAN MTG 2.000% 06/25/42	23,360	24,027	21,424	(2,603)
FEDERAL HOME LOAN MTG 2.000% 11/01/51	40,100	40,328	31,615	(8,713)
FEDERAL HOME LOAN MTG 2.000% 09/01/36	46,863	39,716	41,231	1,515
FEDERAL HOME LOAN MTG 2.000% 08/01/50	17,734	13,309	14,179	870
FEDERAL HOME LOAN MTG 2.500% 03/01/51	38,144	39,413	31,783	(7,631)
FEDERAL HOME LOAN MTG 2.500% 06/01/51	32,833	33,961	27,062	(6,899)
FEDERAL HOME LOAN MTG 2.500% 10/25/48	707	719	625	(94)
FEDERAL HOME LOAN MTG 2.500% 12/01/50	17,153	13,462	14,293	831
FEDERAL HOME LOAN MTG 2.500% 02/01/52	22,130	17,113	18,264	1,151
FEDERAL HOME LOAN MTG 3.000% 08/01/52	44,694	36,132	38,473	2,341
FEDERAL HOME LOAN MTG 3.000% 05/01/42	46,120	43,923	40,487	(3,436)
FEDERAL HOME LOAN MTG 3.000% 06/25/48	121,665	124,631	109,204	(15,427)
FEDERAL HOME LOAN MTG 3.000% 11/01/46	16,705	17,287	14,636	(2,651)
FEDERAL HOME LOAN MTG 3.000% 11/01/46	28,870	28,000	25,262	(2,738)
FEDERAL HOME LOAN MTG 3.500% 01/01/48	5,838	6,086	5,287	(799)

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
FEDERAL HOME LOAN MTG 3.500% 05/01/34	23,015	24,022	21,875	(2,148)
FEDERAL HOME LOAN MTG 3.500% 07/01/43	36,717	38,002	33,452	(4,550)
FEDERAL HOME LOAN MTG 3.500% 07/01/47	60,296	62,850	54,718	(8,132)
FEDERAL HOME LOAN MTG 3.500% 08/01/49	6,650	6,869	5,972	(897)
FEDERAL HOME LOAN MTG 3.500% 11/01/47	25,895	26,187	23,476	(2,711)
FEDERAL HOME LOAN MTG 3.500% 12/01/49	83,815	89,276	75,272	(14,004)
FEDERAL HOME LOAN MTG 4.000% 09/01/52	40,219	36,244	36,896	652
FEDERAL HOME LOAN MTG 4.500% 12/01/39	20,283	21,616	19,760	(1,856)
FEDERAL HOME LOAN MTG 5.000% 02/01/53	24,324	23,284	23,567	283
FEDERAL HOME LOAN MTG 5.500% 05/01/43	83,120	82,237	83,372	1,135
FEDERAL HOME LOAN MTG 5.500% 09/01/53	46,767	46,124	46,637	513
FEDERAL HOME LOAN MTG 5.750% 01/30/31	32,000	31,928	31,971	43
FEDERAL NATIONAL MORT ASSOC. 3.000% 12/01/51	59,459	53,903	51,439	(2,464)
FEDERAL NATIONAL MORT ASSOC. 5.500% 07/01/53	23,371	22,958	23,121	163
FEDERAL NATIONAL MTG ASSC 2.000% 02/01/52	46,548	37,006	37,036	30
FEDERAL NATIONAL MTG ASSC 2.000% 03/01/37	42,208	36,035	37,413	1,378
FEDERAL NATIONAL MTG ASSC 2.500% 05/01/51	56,023	50,237	46,421	(3,816)
FEDERAL NATIONAL MTG ASSC 2.500% 05/01/51	25,127	20,612	20,619	7
FEDERAL NATIONAL MTG ASSC 2.500% 06/01/51	33,626	27,888	28,004	116
FEDERAL NATIONAL MTG ASSC 2.500% 11/01/50	52,665	46,815	43,604	(3,211)
FEDERAL NATIONAL MTG ASSC 5.000% 07/25/51	56,299	54,566	55,173	607
FEDERAL NATIONAL MTG ASSC 5.000% 09/01/52	55,553	55,640	53,926	(1,715)
FEDERAL NATIONAL MTG ASSN 4.500% 07/25/46	50,757	49,476	48,823	(654)
FEDERAL NATIONAL MTG ASSO 1.000% 02/25/51	14,618	14,664	10,849	(3,815)
FEDERAL NATIONAL MTG ASSO 2.000% 01/01/41	25,595	26,558	21,679	(4,880)
FEDERAL NATIONAL MTG ASSO 2.000% 01/01/51	19,432	20,142	15,463	(4,680)
FEDERAL NATIONAL MTG ASSO 2.000% 07/01/41	19,101	18,033	16,110	(1,923)
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	27,040	27,682	23,905	(3,777)
FEDERAL NATIONAL MTG ASSO 2.500% 02/01/43	39,326	37,759	33,103	(4,656)
FEDERAL NATIONAL MTG ASSO 2.500% 04/01/37	21,013	21,969	18,874	(3,095)
FEDERAL NATIONAL MTG ASSO 2.500% 04/01/48	15,678	16,474	13,274	(3,199)
FEDERAL NATIONAL MTG ASSO 2.500% 06/01/50	48,121	49,918	40,125	(9,792)
FEDERAL NATIONAL MTG ASSO 2.500% 07/01/49	42,280	44,170	35,844	(8,325)
FEDERAL NATIONAL MTG ASSO 2.500% 07/01/51	43,927	45,753	36,488	(9,265)
FEDERAL NATIONAL MTG ASSO 2.500% 08/01/51	61,527	64,177	50,993	(13,184)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/41	71,178	74,559	62,168	(12,391)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/50	17,161	18,469	14,364	(4,105)
FEDERAL NATIONAL MTG ASSO 2.500% 10/01/51	62,408	64,378	51,308	(13,070)
FEDERAL NATIONAL MTG ASSO 2.500% 12/01/40	27,192	28,505	23,773	(4,732)
FEDERAL NATIONAL MTG ASSO 2.500% 12/01/47	79,983	83,508	67,742	(15,766)
FEDERAL NATIONAL MTG ASSO 3.000% 01/01/52	22,681	23,666	19,564	(4,102)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/50	59,701	63,460	51,864	(11,596)

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

6/30/2024

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/50	29,658	27,243	25,786	(1,457)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/50	35,942	37,009	31,480	(5,528)
FEDERAL NATIONAL MTG ASSO 3.000% 02/01/52	79,130	79,773	67,965	(11,808)
FEDERAL NATIONAL MTG ASSO 3.000% 02/25/49	61,479	59,615	55,134	(4,480)
FEDERAL NATIONAL MTG ASSO 3.000% 03/01/45	19,327	20,230	17,083	(3,148)
FEDERAL NATIONAL MTG ASSO 3.000% 04/01/27	7,765	8,093	7,539	(553)
FEDERAL NATIONAL MTG ASSO 3.000% 04/25/45	54,107	52,619	49,852	(2,768)
FEDERAL NATIONAL MTG ASSO 3.000% 05/01/33	23,698	23,743	22,127	(1,616)
FEDERAL NATIONAL MTG ASSO 3.000% 05/01/41	4,538	4,713	4,027	(686)
FEDERAL NATIONAL MTG ASSO 3.000% 07/01/43	15,803	15,862	13,965	(1,897)
FEDERAL NATIONAL MTG ASSO 3.000% 08/01/34	61,440	63,062	57,267	(5,795)
FEDERAL NATIONAL MTG ASSO 3.000% 10/01/46	11,631	12,292	10,170	(2,122)
FEDERAL NATIONAL MTG ASSO 3.000% 10/01/51	22,118	23,146	18,903	(4,242)
FEDERAL NATIONAL MTG ASSO 3.000% 11/01/46	58,364	60,454	51,580	(8,874)
FEDERAL NATIONAL MTG ASSO 3.000% 11/01/46	42,677	42,864	37,241	(5,623)
FEDERAL NATIONAL MTG ASSO 3.000% 12/01/49	11,998	12,320	10,379	(1,941)
FEDERAL NATIONAL MTG ASSO 3.500% 02/01/47	26,046	26,153	23,639	(2,514)
FEDERAL NATIONAL MTG ASSO 3.500% 04/01/39	6,618	6,877	6,175	(702)
FEDERAL NATIONAL MTG ASSO 3.500% 05/01/47	9,422	9,828	8,544	(1,284)
FEDERAL NATIONAL MTG ASSO 3.500% 05/01/47	13,865	14,612	12,634	(1,978)
FEDERAL NATIONAL MTG ASSO 3.500% 05/01/51	202,716	199,200	181,494	(17,706)
FEDERAL NATIONAL MTG ASSO 3.500% 06/01/49	94,365	94,822	85,190	(9,632)
FEDERAL NATIONAL MTG ASSO 3.500% 09/01/49	11,274	11,668	10,125	(1,543)
FEDERAL NATIONAL MTG ASSO 3.500% 10/01/37	23,762	25,027	22,385	(2,642)
FEDERAL NATIONAL MTG ASSO 3.500% 11/01/35	7,380	7,686	6,985	(701)
FEDERAL NATIONAL MTG ASSO 3.500% 12/01/36	19,466	20,977	18,463	(2,515)
FEDERAL NATIONAL MTG ASSO 4.000% 03/01/45	43,381	46,363	41,067	(5,296)
FEDERAL NATIONAL MTG ASSO 4.000% 05/01/52	229,048	226,811	210,316	(16,495)
FEDERAL NATIONAL MTG ASSO 4.000% 09/01/34	31,294	32,512	30,266	(2,246)
FEDERAL NATIONAL MTG ASSO 4.000% 10/01/46	59,185	65,066	55,952	(9,114)
FEDERAL NATIONAL MTG ASSO 4.000% 11/01/35	7,760	8,196	7,519	(677)
FEDERAL NATIONAL MTG ASSO 4.000% 12/01/37	10,000	10,954	9,702	(1,252)
FEDERAL NATIONAL MTG ASSO 4.500% 03/01/47	9,664	10,274	9,288	(985)
FEDERAL NATIONAL MTG ASSO 4.500% 05/01/46	19,914	20,751	19,271	(1,480)
FEDERAL NATIONAL MTG ASSO 6.000% 05/01/38	3,177	3,592	3,252	(340)
FEDERAL NATL MORTG ASSN 2.500% 03/01/2051	49,188	40,649	40,583	(66)
FEDERAL NATL MORTG ASSN 4.000% 07/01/53	55,176	50,573	50,889	316
FEDERAL NATIONAL MORTG ASSN 4.000% 08/01/51	495,980	461,106	459,654	(1,452)
FEDERAL NATL MORTG ASSN 4.500% 11/01/52	102,000	97,410	96,705	(705)
FEDERAL NATL MTG ASSN 1.630% 09/14/35	182,000	130,634	131,177	543
FEDERAL NATL MTG ASSN 2.500% 06/01/51	32,415	25,274	26,998	1,724
FEDERAL NATL MTG ASSN 1.500% 10/01/36	47,835	40,002	41,228	1,226
FEDERAL NATL MTG ASSN 2.000% 02/01/52	41,917	31,575	33,545	1,970

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
FEDERAL NATL MTG ASSN 2.000% 03/01/52	46,842	36,551	37,359	808
FEDERAL NATL MTG ASSN 2.000% 05/01/36	27,730	23,815	24,545	730
FEDERAL NATL MTG ASSN 2.000% 05/01/51	36,333	28,783	28,707	(76)
FEDERAL NATL MTG ASSN 2.500% 02/01/51	36,373	28,490	30,127	1,637
FEDERAL NATL MTG ASSN 2.500% 02/01/51	33,790	27,180	28,240	1,060
FEDERAL NATL MTG ASSN 2.500% 06/01/50	36,758	29,424	30,680	1,256
FEDERAL NATL MTG ASSN 3.000% 02/01/52	35,598	30,609	30,650	41
FEDERAL NATL MTG ASSN 3.500% 01/01/52	26,432	24,144	23,543	(602)
FEDERAL NATL MTG ASSN 3.500% 02/01/52	33,618	29,780	29,863	82
FEDERAL NATL MTG ASSN 3.500% 09/01/42	31,576	28,626	28,903	277
FEDERAL NATL MTG ASSN 5.000% 06/01/50	19,245	19,203	18,978	(225)
FEDERAL NATL MTG ASSN 5.500% 03/01/54	51,486	50,585	51,099	514
FEDERAL NATL MTG ASSN 5.500% 06/25/44	38,010	37,820	37,805	(15)
FEDERAL NATL MTG ASSN 6.000% 09/01/53	39,699	39,712	40,386	675
FEDERAL NATL MTG ASSN 6.500% 01/01/53	33,290	33,332	34,003	671
FED NATL MORTG ASSN 3.000% 01/01/52	24,248	20,755	20,707	(48)
FHLMC SUPER 30Y FIXED 4.500% 08/01/52	59,931	59,538	56,681	(2,856)
FNMA 3.000% 02/01/47	40,085	42,233	35,429	(6,805)
GNMA 5.000% 08/20/47	51,101	50,790	50,244	(546)
GNMA PLATINUM POOLS 5.500% 09/20/53	35,730	35,364	35,766	402
GINNIE MAE REMIC TRUST 6.000% 11/20/44	82,523	82,301	82,974	673
FANNIE MAE REMIC TRUST 5.000% 01/25/53	38,031	37,160	36,889	(271)
GOVERNMENT NATIONAL MTG ASSO 1.750% 09/20/51	27,939	28,316	23,414	(4,902)
GOVERNMENT NATIONAL MTG ASSO 2.500% 07/20/28	4,848	4,865	4,733	(132)
GOV'T NATIONAL MORT ASSN 5.500% 02/20/50	19,909	19,527	19,906	379
GOV'T NATIONAL MORTG ASSN 5.500% 08/20/35	20,545	20,604	20,670	65
GOVERNMENT NATIONAL MORT ASN 6.000% 09/20/53	50,633	49,605	51,025	1,420
GOVERNMENT NATIONAL MORTG ASN 2.500% 09/20/51	46,189	36,432	38,403	1,971
GOVERNMENT NATIONAL MORTG ASN 3.500% 01/20/50	36,709	31,593	33,308	1,715
GOVERNMENT NATIONAL MTG ASSC 5.000% 07/20/53	28,086	27,524	27,645	121
GOVERNMENT NATL MORT ASSC 6.000% 03/20/42	28,772	28,583	28,823	239
GOVERNMENT NATL MORT ASSN 3.500% 07/20/45	25,201	23,319	22,911	(408)
GOV'T NATIONAL MORTG ASSN 5.500% 02/20/54	45,938	46,190	45,794	(396)
UNITED STATES TREASURY BOND 2.000% 02/15/50	1,080,000	761,869	660,366	(101,503)
UNITED STATES TREASURY BOND 3.000% 05/15/47	850,000	778,959	653,871	(125,088)
UNITED STATES TREASURY BOND 3.000% 05/15/45	154,000	121,107	120,288	(819)
UNITED STATES TREASURY BOND 3.875% 08/15/40	744,000	861,801	692,619	(169,182)
UNITED STATES TREASURY BOND 4.250% 02/15/54	348,000	331,021	333,429	2,408
UNITED STATES TREASURY BOND 4.750% 11/15/43	214,000	218,896	217,779	(1,117)
UNITED STATES TREASURY BOND 4.750% 11/15/53	212,000	220,779	220,514	(265)
UNITED STATES TREASURY NOTE 1.625% 05/15/26	587,000	552,491	554,210	1,719
UNITED STATES TREASURY NOTE 2.375% 05/15/29	698,000	643,469	637,798	(5,671)
UNITED STATES TREASURY NOTE 4.375% 05/15/34	38,000	37,946	38,095	149

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)

(b) (c)

(d)

(e)

Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
UNITED STATES TREASURY NOTE 4.625% 09/30/30	442,000	451,548	448,665	(2,883)
UNITED STATES TREASURY NOTE 4.625% 04/30/31	432,000	439,223	439,426	204
HI ST 2.632% 10/01/37	80,000	83,456	61,287	(22,169)
MA ED FIN AUTH 2.300% 02/25/40	76,256	76,234	69,070	(7,164)
NY NYC PUB IMPT 3.330% 02/01/28	100,000	91,590	94,908	3,318
NY NYS DORM AUTH 1.062% 03/15/25	100,000	100,000	96,997	(3,003)
PA ECONOMIC DEV FING AUTH 1.164% 06/15/25	120,000	120,000	115,306	(4,694)
UT CENTRAL WTR CONSERVANCY 1.105% 10/01/27	80,000	80,000	71,343	(8,657)
TOTAL GOVERNMENT SECURITIES		\$ 14,801,907	\$ 13,957,703	\$ (844,204)

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
CORPORATE BONDS				
ALABAMA POWER CO 3.450% 10/01/49	34,000	38,221	24,331	(13,891)
BANK OF AMERICA CORP 1.658% 03/11/27	134,000	123,770	125,592	1,822
BANK OF AMERICA CORP 2.687% 04/22/32	55,000	56,372	46,559	(9,813)
COCA COLA CO 5.000% 05/13/34	41,000	40,885	41,256	371
CONS EDISON CO NY INC 5.700% 05/15/54	9,000	9,131	9,027	(104)
CAPITAL ONE FINL CORP 7.624% 10/30/31	90,000	99,224	99,149	(76)
DJP MORGAN CHASE BANK NA 1.578% 04/22/27	40,000	38,595	37,329	(1,267)
JP MORGAN CHASE & CO 4.493% 03/24/31	95,000	94,858	91,569	(3,290)
JPMORGAN CHASE & CO 5.299% 07/24/29	53,000	53,099	53,205	106
KEYCORP 2.250% 04/06/27	55,000	49,205	49,999	794
META PLATFORMS INCORPORATED 5.600% 05/15/53	16,000	15,909	16,422	513
MORGAN STANLEY 1.593% 05/04/27	75,000	74,486	69,918	(4,568)
PEPSICO INC 3.900% 07/18/32	75,000	75,408	70,133	(5,276)
PFIZER INVESTMENT ENTERPRISE 5.110% 05/19/43	6,000	5,932	5,729	(202)
PFIZER INVT ENTERPRISES 4.750% 05/19/33	45,000	43,627	43,929	302
TORONTO DOMINION BANK 3.200% 03/10/32	20,000	17,187	17,337	151
TORONTO DOMINION BANK 4.693% 09/15/27	40,000	40,000	39,416	(584)
TORONTO DOMINION BANK 4.994% 04/05/29	34,000	34,000	33,734	(266)
TOTALENERGIES CAPITAL S.A. 5.488% 04/05/54	39,000	39,082	38,650	(433)
WELLS FARGO & CO 3.526% 03/24/28	66,000	66,054	62,969	(3,084)
WELLS FARGO & CO 4.897% 07/25/33	35,000	33,632	33,728	96
CANADIAN IMPERIAL BK 5.001% 04/28/28	21,000	20,672	20,861	189
CANADIAN IMPERIAL BK 5.260% 04/08/29	25,000	24,998	24,972	(26)
CONOCOPHILIPS CO 5.300% 05/15/53	53,000	51,401	50,578	(822)
DISNEY WALT CO 3.500% 05/13/40	32,000	36,178	25,625	(10,553)
GOLDMAN SACHS BK 5.414% 05/21/27	27,000	27,000	26,956	(44)
GOLDMAN SACHS GROUP INC 1.431% 03/09/27	97,000	91,973	90,510	(1,464)
GOLDMAN SACHS GROUP INC 1.992% 01/27/32	98,000	92,132	79,653	(12,478)
GOLDMAN SACHS GROUP INC 3.500% 01/23/25	65,000	71,127	64,198	(6,929)
HUNTINGTON BANCSHARES INC	60,000	50,885	51,331	446
HARLEY DAVIDSON MOTORCYCLE 5.370% 03/15/29	28,000	27,999	28,120	121
HONEYWELL INTERNATIONAL INC 4.950% 09/01/31	57,000	56,897	57,119	221
INTERCONTINENTAL EXCHANGE IN 5.250% 06/15/31	70,000	70,106	70,327	221
INTEL CORP 5.700% 02/10/53	13,000	12,994	12,849	(145)
INTERNATIONAL BANK 5.550% 01/25/29	110,000	109,945	110,015	70
JEFFERIES FINANCIAL GROUP 6.200% 04/14/34	75,000	74,879	75,996	1,117
JOHN DEERE CAPITAL CORP 4.700% 06/10/30	23,000	22,980	22,790	(190)
JOHNSON & JOHNSON 4.900% 06/01/31	66,000	65,941	66,698	758
JOHNSON CONTROLS INTL 5.500% 04/19/29	22,000	21,942	22,270	328
KEURIG DR PEPPER 5.200% 03/15/31	41,000	40,918	40,950	31
QUALCOMM INC 4.250% 05/20/32	75,000	75,948	71,789	(4,159)
SCHWAB CHARLES CORP 5.643% 05/19/29	25,000	24,567	25,347	780
STARBUCKS CORPORATION 4.900% 02/15/31	62,000	61,795	61,412	(383)

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
THE CIGNA GROUP 5.000% 05/15/29	31,000	30,815	30,880	65
VIRGINIA ELEC & PWR CO 5.450% 04/01/53	55,000	54,996	52,735	(2,261)
AMERICAN HONDA FINANCE CORP 0.750% 08/09/24	80,000	80,089	79,575	(514)
BERKSHIRE HATHAWAY ENERGY CO 3.700% 07/15/30	11,000	9,958	10,236	278
BURLINGTON NORTHN SANTA FE C 4.550% 09/01/44	92,000	108,152	81,244	(26,907)
CITIGROUP INC 1.462% 06/09/27	85,000	76,043	78,778	2,735
CITIZENS FINANCIAL GROUP 5.841% 01/23/30	50,000	48,928	49,866	938
COMCAST CORP 3.250% 11/01/39	43,000	34,108	33,194	(914)
PNC FINL SVCS GROUP INC 5.812% 06/12/26	75,000	75,225	75,073	(152)
SIMON PROPERTY GROUP 2.650% 02/01/32	120,000	120,030	100,345	(19,685)
SIRIUSPOINT LTD 7.000% 04/05/29	55,000	54,797	55,795	998
UNITED AIR LINES INC 5.800% 07/15/37	26,000	26,000	26,433	433
UNITED PARCEL SERVICES INC 5.150% 05/22/34	41,000	40,834	40,970	136
UNITEDHEALTH GROUP INC 5.300% 02/15/30	12,000	12,269	12,213	(56)
US BANCORP 4.839% 02/01/34	38,000	36,108	36,092	(16)
US BANCORP FINANCIALS 4.653% 02/01/29	14,000	12,937	13,705	768
SLM 0.408% 03/25/44	88,445	83,360	86,891	3,532
TRUIST FINL CORP 1.887% 06/07/29	90,000	77,998	78,828	831
US BANCORP FINANCIALS 4.653% 02/01/29	80,000	77,204	78,313	1,109
VERIZON MASTER 5.000% 12/20/28	220,000	219,993	219,072	(922)
VIRGINIA PWR GUEL SECURITI 5.088% 05/01/29	225,000	224,997	223,893	(1,104)
WELLS FARGO & COMPANY 5.707% 04/22/28	75,000	75,017	75,670	653
EXXON MOBIL CORP NOTE 4.327% 3/19/50	75,000	66,911	63,509	(3,402)
FLORIDA PWR & LT CO 3.000% 04/01/53	31,000	30,846	30,038	(808)
FORD MOTOR COMPANY 3.250% 02/12/32	49,000	39,331	40,551	1,220
FOX CORPORATION 6.500% 10/13/33	48,000	47,729	50,373	2,644
MIDAMERICAN ENERGY COMPANY MTG 4.250% 7/15/49	122,000	155,914	100,772	(55,142)
UNION PACIFIC RAILROAD 5.082% 01/02/29	13,920	14,957	13,795	(1,162)
UNION PACIFIC RAILROAD BOND 3.227% 05/14/26	64,944	71,341	62,689	(8,653)
DUKE ENERGY CAROLINAS LLC 5.300% 02/15/40	127,000	156,447	123,226	(33,222)
ALLY AUTO REC TR 4.760% 05/17/27	29,305	29,304	29,150	(154)
AMERICAN TOWER CORP 3.8000% 8/15/29	33,000	29,703	30,713	1,010
APPLE INC 4.650% 02/23/46	23,000	21,919	21,305	(614)
APPLE INC 2.950% 09/11/49	28,000	19,550	19,272	(277)
BBCMS MORTGAGE TRUST 3.674% 02/15/50	75,000	78,668	71,290	(7,378)
BMW VEHICLE LEASE 5.950% 08/25/25	17,461	17,460	17,480	19
GM FIN ATMBL LEASE 5.160% 04/20/26	139,000	138,342	138,696	354
GM FINANCIAL 5.100% 03/16/29	40,000	40,063	39,994	(69)
INTL BANK FOR RECON & DEV 2.700% 12/28/37	213,000	192,631	164,579	(28,052)
INTL BANK FOR RECON & DEV 5.750% 06/27/33	53,000	52,444	53,243	799
INTL BANK RECON & DEVELOP 5.750% 08/26/33	60,000	60,000	60,353	353
AMGEN INC 5.650% 03/02/53	23,000	22,967	22,774	(193)
CAPITAL ONE FINANCIAL CORP 1.878% 11/02/27	22,000	20,059	20,170	111

See Independent Auditor's Report.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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

EIN# 16-6149240 Plan #001

(a)	(b) (c)	(d)	(e)	
Description of Investment	Shares	Cost	FMV @ 6/30/24	Appreciation (Depreciation)
CAPITAL ONE FINANCIAL CORP 6.312% 06/08/29	22,000	22,530	22,521	(9)
CAPITAL ONE PRIME 5.820% 06/15/28	127,000	126,977	128,158	1,181
CARMAS AUTO 5.280% 05/15/28	35,000	34,508	34,975	467
CISCO SYSTEMS INC 4.950% 02/26/31	27,000	26,946	27,009	63
CITIGROUP INC 5.174% 02/13/30	17,000	17,000	16,911	(89)
ENTERPRISE PRODS OPER LLC 4.800% 02/01/49	29,000	27,473	25,799	(1,674)
PHILIP MORRIS INTL INC 5.125% 02/15/30	7,000	6,746	6,979	233
PHILLIPS 66 CO 5.250% 06/15/31	26,000	25,892	25,927	36
PNC FINL SVCS GROUP INC 5.492% 05/14/30	19,000	19,146	19,116	(30)
PROCTER & GAMBLE COMPANY 4.550% 01/29/34	35,000	35,000	34,420	(580)
ROYAL BANK 5.150% 02/01/34	33,000	32,708	32,816	108
MCDONALDS CORP MED TERM NT B MTNF 3.600% 7/01/30	23,000	21,438	21,308	(129)
NEXTERA ENERGY 4.900% 02/28/28	41,000	40,622	40,626	5
NISSAN AUTO LEASE TRUST 5.930% 03/15/28	51,000	50,990	51,468	479
VERIZON COMMUNICATIONS INC 2.100% 03/22/28	40,000	34,904	35,988	1,084
VERIZON COMMUNICATIONS INC NOTE 2.650% 11/20/40	86,000	59,413	59,466	53
VERIZON MASTER 5.000% 12/20/28	27,000	26,999	26,886	(113)
VERIZON MASTER 5.670% 11/20/29	45,000	44,994	45,549	554
AT&T INC 4.350% 03/01/29	18,000	17,220	17,456	236
AT&T INC 5.400% 02/15/34	7,000	6,822	7,014	191
BOEING CO 4.875% 5/01/25	69,000	71,415	68,267	(3,149)
CANADIAN PAC RY CO NEW NOTE 2.050% 3/05/30	10,000	9,980	8,538	(1,443)
CENOVUS ENERGY INC 6.750% 11/15/39	70,000	72,754	75,736	2,982
DUKE ENERGY CORP 2.450% 06/01/30	10,000	10,103	8,593	(1,510)
ENTERGY CORP 1.900% 06/15/28	22,000	21,923	19,401	(2,522)
GENERAL MOTORS FINANCIAL CO 5.800% 01/07/29	19,000	18,984	19,179	195
GENERAL MTRS FINL CO INC 4.300% 04/06/29	29,000	28,461	27,567	(894)
ORACLE CORP 2.300% 03/25/28	51,000	45,428	46,135	707
ORACLE CORP 3.600% 4/01/40	48,000	48,229	37,032	(11,197)
TRANSCANADA PIPELINE 2.500% 10/12/31	76,000	61,707	63,795	2,088
CROWN CASTLE INC NOTE 3.100% 11/15/29	85,000	86,573	75,944	(10,629)
ENERGY TRANSFER LP 6.400% 12/01/30	18,000	17,979	18,928	949
ENERGY TRANSFER L P NOTE 6.500% 2/01/42	50,000	56,404	51,977	(4,428)
FIFTH THIRD BANCORP 6.361% 10/27/28	50,000	50,496	51,097	601
FORD CREDIT AUTO 5.830% 07/15/26	220,000	220,000	220,099	99
NAVIENT STUDENT LOAN TRUST 2.218% 06/25/31	100,490	98,732	98,226	(505)
PACIFIC GAS & ELECTRIC CO 6.400% 06/15/33	24,000	24,030	24,846	816
SANTANDER HLDGS USA INC NOTE 4.500% 7/17/25	70,000	70,687	68,991	(1,696)
AIR LEASE CORP 3.625% 04/01/27	45,000	47,391	42,476	(4,916)
TOTAL CORPORATE BONDS		\$ 6,808,000	\$ 6,531,332	\$ (276,667)
CD'S				
BANK OF AMERICA CD 5.050% 06/22/26	117,000	116,825	117,352	528
MORGAN STANLEY NK CD 4.950% 06/14/27	55,000	54,863	55,095	233
MORGAN STANLEY CD 4.800% 06/20/2028	56,000	55,804	56,270	466
MORGAN STANLEY CD 4.800% 06/20/28	56,000	55,804	56,270	466
MRGN STNLY PRIVATE BK CD 4.950% 06/14/27	55,000	54,863	55,095	233
WELLS FARGO BANK CD 4.900% 06/11/27	110,000	109,725	110,061	336
TOTAL CD'S		\$ 447,883	\$ 450,144	\$ 2,261
INDURE BUILT-TO-CORE FUND, LLC				
	2.715	\$ 3,900,000	\$ 5,144,003	\$ 1,244,003
GRAND TOTAL 6/30/24		\$ 59,277,677	\$ 70,386,760	\$ 11,109,083

See Independent Auditor's Report.

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

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

Schedule of Active Participant Data as of July 1, 2023

Years of Credited Service

Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up	Total
Under 25	0	21	6	2	0	0	0	0	0	0	29
25 - 29	0	10	12	8	2	0	0	0	0	0	32
30 - 34	2	7	8	9	8	9	2	0	0	0	45
35 - 39	0	1	9	7	9	6	2	4	1	0	39
40 - 44	0	2	6	3	2	3	7	5	0	5	33
45 - 49	0	4	1	1	11	5	4	4	3	10	43
50 - 54	0	0	1	1	1	3	3	1	4	22	36
55 - 59	0	1	1	4	0	2	3	4	3	19	37
60 - 64	0	3	0	1	0	2	0	4	2	4	16
65 - 69	0	1	0	0	0	0	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	2	50	44	36	33	30	21	22	13	60	311

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

Schedule MB, Lines 9c & 9h – Schedule of Funding Standard Account Bases

Schedule of Amortization Bases as of July 1, 2023

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Plan Change	07/01/96	3	\$ 192,104	\$ 68,413
(2) Assumption Change	07/01/96	3	86,668	30,864
(3) Plan Change	07/01/97	4	219,712	60,622
(4) Plan Change	07/01/98	5	769,494	175,395
(5) Plan Change	07/01/99	6	670,753	131,515
(6) Plan Change	07/01/00	7	666,149	115,520
(7) Assumption Change	07/01/00	7	163,384	28,333
(8) Plan Change	07/01/01	8	65,420	10,239
(9) Actuarial Loss	07/01/09	1	607,649	607,649
(10) Actuarial Loss	07/01/10	2	72,454	37,452
(11) Assumption Change	07/01/11	3	355,347	126,547
(12) Actuarial Loss	07/01/11	3	222,366	79,190
(13) Actuarial Loss	07/01/12	4	326,897	90,196
(14) Actuarial Loss	07/01/13	5	300,640	68,526
(15) Actuarial Loss	07/01/14	6	19,888	3,899
(16) Actuarial Loss	07/01/15	7	480,054	83,248
(17) Actuarial Loss	07/01/16	8	1,324,909	207,364
(18) Plan Change	07/01/16	8	994,400	155,635
(19) Assumption Change	07/01/17	9	22,660	3,250
(20) Actuarial Loss	07/01/17	9	984,206	141,180
(21) Assumption Change	07/01/18	10	1,203,792	160,180
(22) Actuarial Loss	07/01/18	10	1,152,149	153,309
(23) Actuarial Loss	07/01/19	11	1,272,078	158,542
(24) Assumption Change	07/01/20	12	1,093,168	128,628
(25) Actuarial Loss	07/01/20	12	995,095	117,088
(26) Actuarial Loss	07/01/22	14	166,845	17,830
(27) Assumption Change	07/01/22	14	1,794,892	191,810
(28) Plan Change	07/01/22	14	1,999,560	213,682
(29) Actuarial Loss	07/01/23	15	1,699,020	174,339
Total Charges			\$ 19,921,753	\$ 3,540,445

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Plan Change	07/01/95	2	\$ 57,929	\$ 29,944
(2) Assumption Change	07/01/01	8	1,302,269	203,821
(3) Assumption Change	07/01/05	12	367,249	43,213
(4) Actuarial Gain	07/01/21	13	2,007,472	224,482
Total Credits			\$ 3,734,919	\$ 501,460

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

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

Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

Asset Valuation Method

The actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year market value) during each of the last five years at the rate of 20% per year. The actuarial value is subject to a restriction that it cannot be less than 80% nor more than 120% of market value.

Mortality

Funding

Healthy: PRI-2012 Blue Collar Employee and Healthy Retiree Tables with generational projection using Scale MP-2021.

Disabled: PRI-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021.

Due to the small group of active participants covered by the Plan, we have relied upon the standard mortality tables published by the Society of Actuaries. And based on the Plan demographics, we have relied upon the blue-collar version of these tables. The standard improvement scales were also used to reflect estimated future experience.

Current Liability

2023 IRS Static Mortality Table.

Interest Rate

Valuation

7.00% annual compound interest in the future, based on expected earnings from portfolio analysis.

Current Liability

2.85% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Termination & Disability

Termination

We have assumed that terminations of employment, other than death, disability, or pension will occur in the future at a moderate rate (T-5 in Pension Actuary's Handbook, offset by the 1951 GAM Male Table).

Disability

We used the 1973 Disability Model Transactions of Society of Actuaries, XXVI (under a 6-month deferment period), in assuming the rate of disability in the future.

Due to the small group of active participants covered by the Plan, there is not sufficient data to determine any appropriate plan specific assumption. An assumption of no pre-retirement decrements (other than death) is more likely to produce no gain/loss (i.e., when the assumption that an active participant will not terminate is realized); however, if an active participant does terminate before retirement, the gain/loss at that time will be greater. The effect of assuming pre-retirement turnover is not expected to produce materially different results than if an assumption regarding pre-retirement turnover was included.

Age at Pension

Active participants are assumed to retire based on the retirement rates listed below:

Age	Rate
56	0.10
57	0.05
58	0.10
59	0.10
60	0.10
61	0.25
62	0.33
63	0.00
64	0.00
65	1.00

Separated vested participants are assumed to retire at age 65.

The weighted average retirement age for the 2023-24 plan year is age 61.7. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2023 actuarial valuation.

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Age at Pension (cont.)

The retirement age assumption used was reviewed and determined to be reasonable taking into account the following factors:

- The Plan's early retirement provisions,
- Access to postretirement healthcare coverage,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.

Administration Expenses

\$400,000. For projection purposes, expenses are assumed to increase 2% annually.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment

Assumed Hours Worked

Each active participant will work 1,600 hours in each year in the future.

The future hours assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual hours over the past several years.

Active Participants

For the purpose of projecting future contributions only, we have assumed that the number of active participants will remain constant with replacements being made immediately upon pension, death, or disability. Participants who worked zero hours in the prior plan year are assumed to be separated participants.

Marital Status

85% of all participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

Forms of Benefit

Participants are assumed to elect a single life annuity at retirement. Because all optional forms of benefit are actuarially equivalent, the net impact on the valuation results is immaterial.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

LOCAL UNION NO. 910 I.B.E.W. PENSION PLAN
EIN: 16-6149240; Plan Number: 001

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

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule MB, which is attached in pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule MB.

INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL WORKERS

LOCAL UNION 910
PENSION FUND

For the Year Ended
June 30, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at Fair Value		
U.S. Government and Agency Debt Securities	\$ 13,957,703	\$ 13,960,484
Corporate Bonds	6,531,332	4,978,334
Common Stocks and Mutual Funds	44,303,578	37,272,263
Certificates of Deposit	450,144	950,255
INDURE Build to Core Fund, LLC	<u>5,144,003</u>	<u>5,874,094</u>
Total Investments at Fair Value	<u>70,386,760</u>	<u>63,035,430</u>
Receivables		
Employer Contribution Receivable	535,809	430,167
Reciprocal Contribution Receivable	86,785	57,718
Accrued Income	151,430	143,309
Administration Reimbursement Receivable	16,852	15,771
Other Receivable	2,000	2,000
Bond Premium (Discount)	<u>2,887</u>	<u>(13,748)</u>
Total Receivables	<u>795,763</u>	<u>635,217</u>
Cash		
Cash Management Funds	1,270,875	1,688,030
Demand Deposits	321,488	386,349
Money Market Accounts	<u>252,721</u>	<u>72,447</u>
Total Cash	<u>1,845,084</u>	<u>2,146,826</u>
Other Assets		
Property, Net of Accumulated Depreciation	<u>10,557</u>	<u>0</u>
Total Assets	<u>73,038,164</u>	<u>65,817,473</u>
Liabilities		
Accounts Payable	<u>139,407</u>	<u>106,949</u>
Net Assets Available for Benefits	<u>\$ 72,898,757</u>	<u>\$ 65,710,524</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 6,563,960	\$ 1,273,442
Interest and Dividends	<u>1,345,484</u>	<u>1,886,222</u>
Total Investment Income	7,909,444	3,159,664
Investment Expenses	<u>(417,538)</u>	<u>(390,875)</u>
Net Investment Income	7,491,906	2,768,789
Other Income	51,091	130,801
Contributions - Employers (Net of Reciprocals)	<u>4,440,772</u>	<u>4,418,802</u>
Total Additions	<u>11,983,769</u>	<u>7,318,392</u>
Deductions		
Benefits Paid Directly to Participants	<u>4,370,464</u>	<u>3,768,814</u>
Administrative Expenses		
Overhead Cost Sharing	267,705	250,197
Professional Services	106,691	111,119
Rent	7,500	7,500
Insurance	40,466	39,009
Trustees' Expenses	2,257	2,332
Depreciation	<u>453</u>	<u>0</u>
Total Administrative Expenses	<u>425,072</u>	<u>410,157</u>
Total Deductions	<u>4,795,536</u>	<u>4,178,971</u>
Net Increase	7,188,233	3,139,421
Net Assets Available for Benefits, Beginning of Year	<u>65,710,524</u>	<u>62,571,103</u>
Net Assets Available for Benefits, End of Year	<u>\$ 72,898,757</u>	<u>\$ 65,710,524</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

STATEMENTS OF ACCUMULATED PLAN BENEFITS

For the Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Benefits		
Accumulated Benefits		
Vested benefits		
Participants currently receiving payments	\$ 37,391,010	\$ 31,196,160
Deferred Vested Participants	8,388,724	8,442,821
Active Participants	<u>22,680,371</u>	<u>25,688,255</u>
Total Vested Benefits	68,460,105	65,327,236
Nonvested Benefits	<u>3,885,664</u>	<u>3,695,379</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 72,345,769</u>	<u>\$ 69,022,615</u>
Valuation Date	July 1, 2023	July 1, 2022

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 69,022,615	\$ 62,420,542
Increase (Decrease) During the Year Attributable to:		
Plan Experience	2,392,293	1,561,679
Benefits Paid	(3,768,814)	(3,462,103)
Interest	4,699,675	4,399,988
Plan Amendment	0	2,233,230
Assumption Change	<u>0</u>	<u>1,869,279</u>
Increase in Actuarial Present Value of Accumulated Plan Benefits	<u>3,323,154</u>	<u>6,602,073</u>
Actuarial Present Value of Accumulated Plan Benefits at Year End	<u>\$ 72,345,769</u>	<u>\$ 69,022,615</u>
Valuation Date	July 1, 2023	July 1, 2022

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

The Fund is a collectively bargained pension benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). 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 37 percent of employer contributions are derived from the Fund's three largest employers.

Pension Protection Act of 2006

On September 28, 2023, the Fund was certified by its actuaries to not be considered "endangered", "seriously endangered", "critical", or "critical and declining", for the plan year beginning July 1, 2022 as defined in the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.

Most recently, on September 27, 2024, the Fund was certified by its actuaries to not be considered "endangered", "seriously endangered", "critical", or "critical and declining", for the plan year beginning July 1, 2023 as defined in the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.

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 from them 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 or 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 determine the Plan's valuation policies utilizing information provided by its investment advisors and custodian. See Note 4 for discussion of fair value measurements.

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 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.

Payments of Benefits

Benefits are recorded when paid.

Property

Property consisting of equipment and 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 \$453 and \$0 for the years ending June 30, 2024 and 2023, respectively.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 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.

NOTE 2 DESCRIPTION OF PLAN

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

Information about the plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the pamphlet Description of Employee Benefits. Copies of this pamphlet are available from the Pension Administrative Committee.

Funding Policy

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan's funding policy has been determined on the basis of an actuarial calculation which has established, to the extent possible, that the contributions will, if continued, be sufficient to maintain the Plan on a permanent basis, fulfilling the funding requirements of ERISA. As of the latest actuarial valuation date, the minimum funding requirements of ERISA were satisfied. The contribution rate per hour is as follows:

April 1, 2022 through March 31, 2023	8.05
April 1, 2023 through March 31, 2024	8.25
April 1, 2024 through March 31, 2025	8.75

Priorities on Termination

In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations issued pursuant thereto. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Operating Expenses

All expenses of maintaining the Plan are paid by the Fund.

Benefits

Benefits for retired or terminated and active members or their beneficiaries are based on the following:

Pension Service

<u>Time Period</u>	<u>Pension Service Earned</u>
Prior to 7/1/66	One year for each year in which 400 hours were worked in a classification for which Local 910 was the bargaining representative
7/1/66 to 6/30/75	One-quarter of a year for each 300 hours of pension service earned under the Local 910 Plan in a year
7/1/75 to 6/30/79	.001 of a year for each hour worked under the Local 910 Plan in a year
After 7/1/79	.001 of a year for each hour worked under the Local 910 Plan in a year (adjusted proportionately for different contribution rates)

No more than one year of pension service may be earned in any one year prior to July 1, 1972.

Effective July 1, 2021, the monthly unit benefit rate was increased from \$64 to \$69 for all years of uninterrupted pension service.

Plan A Eligibility for Benefits

<u>Type of Benefit</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
Participation	None	500 hours of pension service
Normal Pension	65	15 years of pension service or 5 years of vesting service or 5 years of continuous plan participation
Early Pension	55	15 years of pension service or 10 years of vesting service
Disability Pension	Under 55	15 years of pension service or 10 years of vesting service
Lump Sum Death	None	None
Pre-Pension Surviving Spouse Pension	None	Vested
Vesting	None	5 years of vesting service or 15 years of pension service

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Benefits

<u>Type</u>	<u>Duration</u>	<u>Amount</u>
Normal Pension	Life	\$69.00 per month for each year of pension service earned
Early Pension	Life	Same as normal but reduced 1/4 of 1% for each month prior to normal
Disability Pension	Life	70% of normal
Pre and Post Pension Death: Lump Sum	Lump sum	Return of employer contributions, less any pension payments
Surviving Spouse Pension	Life of spouse	100% of married couple benefit
Married couple (with or without "Pop-Up")	Life of both pensioner and spouse	Actuarially reduced with 50%, 75% or 100% payable to surviving spouse with the provision that if the surviving spouse were to predecease the participant, the benefit would "pop up" to the life only amount
Level income	Life of pensioner	Actuarially adjusted

Plan B

PENSION SERVICE

<u>Time Period</u>	<u>Year of Pension Service Earned</u>
Prior to 1/1/73	One year for each plan year in which at least 800 hours were worked in a classification for which Local 781 acted as bargaining representative
1/1/73 to 12/31/78	One-quarter of a year for each 400 hours worked under the Local 781 Plan
After 12/31/78	One sixteen-hundredth of a year for each hour worked under the Local 781 Plan prior to 11/1/94 or the Local 910 Plan after 10/31/94 provided at least 400 hours are worked

No more than one year of pension service may be earned in any one plan year prior to 1/1/85. No more than one and one-half years of pension service may be earned in any one plan year after 1984.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Eligibility For Benefits

<u>Type of Benefit</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
Participation	None	400 hours of pension service
Normal pension	65	15 years of pension service or 5 years of vesting service or 5 years of participation in the plan
Early Pension	55	15 years of pension service
Disability Pension	Under 55	15 years of pension service
Lump Sum Death	None	None
Pre-Pension Surviving Spouse Pension	None	Vested
Vesting	None	15 years of pension service or 5 years of vesting service

Benefits

<u>Type</u>	<u>Duration</u>	<u>Amount</u>
Normal Pension	Life of both pensioner and spouse	\$35.00 per month for each year of pension service earned
Early Pension	Life of both pensioner and spouse	Same as normal but reduced 1/4 of 1% for each month prior to normal
Disability Pension	Life of both pensioner and spouse	75% of normal
Pre and Post Pension Death: Lump Sum	Lump sum	Return of employer contributions less any pension payments
Surviving Spouse Pension	Life of spouse	50% of married couple benefit
Married Couple with "Pop Up"	Life of both pensioner and spouse	Actuarially reduced with 50%, 75% or 100% payable to surviving spouse with the provision that if the surviving spouse were to predecease the participant, the benefit would "pop up" to the life only amount
Level Income	Life of Pensioner	Actuarially adjusted

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired employees or their beneficiaries and present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and disability) are included to the extent they are deemed attributable to employee services rendered to the valuation date.

The Fund's consulting actuaries determine the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are:

- Investment Return - 7.0% for Funding Assumptions and Present Value
- Current Liability - Interest Rate - 2.85% (Previously 2.27%)
- Mortality - PRI-2012 Blue Collar Employee and Healthy Retiree Tables with generational projection using Scale MP-2021 for healthy participants; PRI-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021 for disabled participants
- Disability - 1973 Disability Model Transactions of Society of Actuaries, XXVI (under a 6-month deferment period)
- Future Work Year - 1,600 Hours
- Retirement Rates

Age	Rate	Age	Rate
56	10%	61	25%
57	5%	62	33%
58	10%	63	0%
59	10%	64	0%
60	10%	65	100%
- Administration Expense - \$400,000, assumed to increase 2% annually
- Asset Valuation Method - Smoothed Market Value
- Funding Method - Traditional Unit Credit (accrued benefit) cost method
- Current Liability Assumption - 2023 IRS Static Mortality Table (Previously 2022 IRS Static Mortality Table)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative literature 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 inactive 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:

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

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.

Common Stocks and Mutual Funds: Valued at the closing price reported in the active market in which the individual security is traded.

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.

LLC Investment: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sold) may occur daily were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

All assets have been valued using a market approach, except for the INDURE Build to Core Fund, LLC. The Board of Trustees is responsible for oversight of investment valuation policies and procedures. The Board is provided with information sufficient to evaluate and determine fair values such as support from the investment manager, quarterly reports, and most importantly annual independent audits and appraisals.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan'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)
Certificates of Deposit	\$ 450,144	\$ 450,144	\$ 0	\$ 0
U.S. Government and Agency Securities	13,957,703	0	13,957,703	0
Corporate Bonds	6,531,332	0	6,531,332	0
Common Stocks and Mutual Funds	44,303,578	44,303,578	0	0
INDURE Build to Core Fund, LLC (a)	5,144,003	0	0	0
Total	\$ 70,386,760	\$ 44,753,722	\$ 20,489,035	\$ 0

Investments	Total	2023		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Certificates of Deposit	\$ 950,255	\$ 950,255	\$ 0	\$ 0
U.S. Government and Agency Securities	13,960,484	0	13,960,484	0
Corporate Bonds	4,978,334	0	4,978,334	0
Common Stocks and Mutual Funds	37,272,263	37,272,263	0	0
INDURE Build to Core Fund, LLC (a)	5,874,094	0	0	0
Total	\$ 63,035,430	\$ 38,222,518	\$ 18,938,818	\$ 0

- (a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of the net assets available for benefits.

The following table sets forth additional disclosures of the Fund's investments whose fair value is estimated using net asset value per share (or its equivalent) as of June 30, 2024 and 2023:

	Fair Value		Unfunded Commitments	Redemption Restrictions
	2024	2023		
INDURE Build to Core Fund, LLC	\$ 5,144,003	\$ 5,874,094	\$ 0	Yes – see below

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

I.B.E.W. – NECA Diversified Underwritten Real Estate Fund, LLC (INDURE Build to Core Fund, LLC) – Formed on April 7, 2008 as an open-ended comingled real estate fund to provide potential members, principally Taft-Hartley Funds and Pension Trusts, endowments, charitable foundations and certain other entities, including real estate investment trusts, a medium for pooling their funds to invest in commercial and residential real estate and real estate assets, for the purpose of generating income and appreciation on such real estate investments.

On June 19, 2014 the Fund changed the name of the company to INDURE Build-to-Core Fund, LLC (the Fund). The number of units issued in exchange for members' capital contribution is equal to the dollar value of the members' capital contribution divided by the per unit asset value of the Fund as of the valuation date, as defined in the Fund's operating agreement, immediately preceding the date of the member capital contribution. Initially units were issued at a \$1,000 per unit value. A member may request redemption of all or a portion of its units at any time with respect to units purchased with cash. For units purchased in exchange for capital contribution other than cash, the Fund shall not be required to redeem more than 20% of the initial aggregate amount of such units during the 24 full calendar month period immediately following the date of issuance of such units.

NOTE 5 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 Welfare Fund (Welfare 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 Welfare Fund. Management fees paid by the Annuity Fund for the years ended June 30, 2024 and 2023 were \$12,000 and \$8,000, respectively. The Fund was reimbursed by the Welfare Fund a total of \$194,751 and \$183,443 for shared expenses for the years ended June 30, 2024 and 2023, respectively.

The Welfare Fund also has a common checking account in which employer contributions covering all benefit funds are deposited, and subsequently distributed to the appropriate benefit funds.

NOTE 6 DEFERRED COMPENSATION PLAN

Effective August 1, 2019, the Fund, together with the Welfare 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 for 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. The balance in the Deferred Compensation Plan as of June 30, 2024 and 2023 were \$68,431 and \$47,820, respectively.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 7 TAX STATUS

The Plan obtained its latest determination letter on March 6, 2015, that includes plan amendments through November 3, 2014, 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. Therefore, no provision for income taxes has been included in the Plan's financial statements. 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize 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 are 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 8 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. However, in most situations a bond must be posted as stipulated in the collective bargaining agreement.

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.

Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, retiree demographics, 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

The Fund maintains its cash accounts with 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 noninterest-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.

NOTE 9 FUNDING STANDARD ACCOUNT

The Fund's actuarial consultant reported a credit balance of \$13,087,847 in the Funding Standard Account at July 1, 2023. The Funding Standard Account measures the sufficiency of accumulated plan contributions as required by ERISA.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 910 PENSION 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

Effective July 1, 2024, the monthly unit benefit rate was increased from \$69 to \$75 for all years of uninterrupted service. Additionally, a 13th check in the amount of \$750 was provided to all pensioners and beneficiaries in pay status prior to June 30, 2024 on July 15, 2024.

Management has evaluated subsequent events through January 31, 2025, the date on which the financial statements were available to be issued.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>	
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
1a Name of plan I.B.E.W. LOCAL #910 PENSION FUND	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>07/01/1966</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE I.B.E.W. LOCAL 910 PENSION FUND 25001 WATER STREET WATERTOWN NY 136012145	2b Employer Identification Number (EIN) **-***9240 2c Plan Sponsor's telephone number 315-782-5941 2d Business code (see instructions) 561110

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		<u>4/9/25</u>	MARK A. CAPONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4/9/25</u>	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

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☐ Same as Plan Sponsor
TRUSTEES OF THE I.B.E.W. LOCAL 910
PENSION FUND

25001
WATERTOWN

NY 13601-2145

3b Administrator's EIN
****-***9240**

3c Administrator's telephone number
315-782-5941

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

- a** Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	5	700
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	311
a (2) Total number of active participants at the end of the plan year	6a(2)	314
b Retired or separated participants receiving benefits	6b	243
c Other retired or separated participants entitled to future benefits	6c	132
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	689
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	26
f Total. Add lines 6d and 6e	6f	715
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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

1B

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>		
► Round off amounts to nearest dollar.		
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan <u>Local Union No. 910 I.B.E.W. Pension Plan</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Trustees of Local 910 I.B.E.W. Pension Plan</u>	D Employer Identification Number (EIN) <u>16-6149240</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>65,710,524</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>69,246,782</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>72,345,769</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	<u>0</u>
(b) Accrued liability under entry age normal method.....	1c(2)(b)	<u>0</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>0</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>72,345,769</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>132,819,034</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>3,293,681</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>4,265,979</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>4,665,979</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE <u>Rob Marcella</u> Signature of actuary	<u>1/22/25</u> Date	
<u>ROBERT MARCELLA, EA, FCA</u> Type or print name of actuary	<u>2308066</u> Most recent enrollment number	
<u>BOLTON PARTNERS NORTHEAST, INC.</u> Firm name	<u>609-588-9166</u> Telephone number (including area code)	
<u>9000 Midlantic Drive, Suite 100</u> <u>Mt. Laurel NJ 08054</u> Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		

NOTE: LINE 3(A), CONTRIBUTIONS ARE PAID MONTHLY THROUGHOUT THE YEAR

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	400,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,699,020	174,339

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

1,694,418

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

19,921,753

3,540,445

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

366,440

e Total charges. Add lines 9a through 9d

9e

5,601,303

Credits to funding standard account:

f Prior year credit balance, if any

9f

13,087,847

g Employer contributions. Total from column (b) of line 3

9g

4,440,772

Outstanding balance

h Amortization credits as of valuation date

9h

3,734,919

501,460

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

1,106,679

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

22,916,736

(2) "RPA '94" override (90% current liability FFL)

9j(2)

52,847,874

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

19,136,758

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

13,535,455

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☐ Yes ☒ No