

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
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan IBEW LOCAL NO. 100 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1969
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN 955 N ST FRESNO, CA 93721
2b	Employer Identification Number (EIN) 94-6216336
2c	Plan Sponsor's telephone number 559-225-3030
2d	Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1531
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) 931 6a(2) 975 6b 314 6c 219 6d 1508 6e 52 6f 1560 6g(1) 0 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 77

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 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan IBEW LOCAL NO. 100 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN	D Employer Identification Number (EIN) 94-6216336	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02202	1508	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid 5108	(b) Total amount of fees paid 47518
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE RD 13TH FL
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5108	47518	ASSET MANAGEMENT FEES	7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8920394

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

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

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

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

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

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	
---	-----------	--

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 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 IBEW LOCAL NO. 100 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN	D Employer Identification Number (EIN) 94-6216336

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) 168184714
(2) Actuarial value of assets for funding standard account	1b(2) 177010966
c (1) Accrued liability for plan using immediate gain methods	1c(1) 191905072
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 191905072
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) 341907874
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 11686230
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 13254184
(3) Expected plan disbursements for the plan year	1d(3) 13944175

Statement by Enrolled Actuary

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

SIGN HERE	03/21/2025
Signature of actuary WENDY LONDA	Date 23-07600
Type or print name of actuary RAEL & LETSON	Most recent enrollment number 650-341-3311
Firm name 160 BOVET RD STE 203, SAN MATEO, CA 94402	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	168184714
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	385	165360476
(2) For terminated vested participants	200	44701820
(3) For active participants:		
(a) Non-vested benefits		12912500
(b) Vested benefits		118933078
(c) Total active	928	131845578
(4) Total	1513	341907874
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.19 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	17004146	0			
Totals ▶			3(b)	17004146	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	92.2 %
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)	A	A
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	4.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.6 %	
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)	532009	
(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	4540568	465916

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	482835

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	4849205

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)	57839775	7534501
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 866859**e** Total charges. Add lines 9a through 9d**9e** 13250565**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 35882603**g** Employer contributions. Total from column (b) of line 3**9g** 17004146**h** Amortization credits as of valuation date

	Outstanding balance	
9h	7063066	1483741

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3210789**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	68963818	
9j(2)	140113979	
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** 57581279**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 44330714**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan IBEW LOCAL NO. 100 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN	D Employer Identification Number (EIN) 94-6216336	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUND ADVISORS
30-0447847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHEVY CHASE TRUST INVESTMENT ADVS.
52-2037618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT
13-3575636

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

METROPOLITAN WEST ASSET MANAGEMENT

95-3703295

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

THE VANGUARD GROUP, INC.

23-1945930

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

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

AMERICAN FUNDS

95-6810128

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

ARISTOTLE FUNDS

45-1233046

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

BAIRD FUNDS

39-6037917

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

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

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

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

VERUS

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	277933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	144015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT ADMINISTRATION CORPORATION

94-1646941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	115506	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	119878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	97764	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 21	NONE	63432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENRY CHIU, ESQ.

82-4894967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSS LAW FIRM

91-1882299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	33032	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)

VOYA INVESTMENT TRUST COMPANY

06-1440627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29235	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEYHART, ANDERSON, FLYNN & GROSBOLL

94-2576729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE UNION LABOR LIFE INSURANCE CO

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	39521	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

HORN INSURANCE SERVICES

94-3249244

(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?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	6796	Yes ☐ No ☒

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>IBEW LOCAL NO. 100 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
---	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>94-6216336</u>
---	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE COMPANY

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10932180</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22258457</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISOR, INC

c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4771583</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE J ACCOUNT

b Name of sponsor of entity listed in (a): ULLICO

c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8920394</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GS COLLECTIVE TRUST EMERGING MARKET

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY

c EIN-PN <u>13-4166989-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9257904</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan IBEW LOCAL NO. 100 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN		D Employer Identification Number (EIN) 94-6216336

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	2293423	1754965
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1938899	1969396
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	102620	3065
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15190	97535
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	8965792
(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)	49451499	42721308
(10) Value of interest in pooled separate accounts.....	1c(10)	8477182	8920394
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	4243844	4771583
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	102108161	116174381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	11679	13841
f Total assets (add all amounts in lines 1a through 1e)	1f	168642497	185392260
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	114990	97052
i Acquisition indebtedness	1i		
j Other liabilities	1j	342793	386599
k Total liabilities (add all amounts in lines 1g through 1j)	1k	457783	483651
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	168184714	184908609

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)	17004146	
(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)		17004146
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8872	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8872
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3557159	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3557159
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		1918879
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		490730
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		617507
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6824947
c Other income	2c		25792
d Total income. Add all income amounts in column (b) and enter total	2d		30448032

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12621029	
(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)		12621029
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)	115506	
(3) Recordkeeping fees.....	2i(3)	5458	
(4) IQPA audit fees.....	2i(4)	25000	
(5) Investment advisory and investment management fees	2i(5)	588468	
(6) Bank or trust company trustee/custodial fees	2i(6)	63432	
(7) Actuarial fees	2i(7)	119878	
(8) Legal fees	2i(8)	63455	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	12099	
(11) Other expenses	2i(11)	109812	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1103108
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13724137

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16723895
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MILLER KAPLAN ARASE LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533740.

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 IBEW LOCAL NO. 100 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN				D Employer Identification Number (EIN) 94-6216336	
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	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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 **AC ELECTRIC COMPANY**

b EIN **95-1531419**

c Dollar amount contributed by employer **2314721**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **ROSENDIN ELECTRIC**

b EIN **94-1242813**

c Dollar amount contributed by employer **2026084**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **DH BLATTNER AND SONS**

b EIN **41-0790426**

c Dollar amount contributed by employer **1803655**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **WILD ELECTRIC**

b EIN **77-0120008**

c Dollar amount contributed by employer **1601681**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **SOLV ENERGY LLC**

b EIN **47-4673720**

c Dollar amount contributed by employer **1057287**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

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

b EIN **94-1134154**

c Dollar amount contributed by employer **850115**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

(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 **INDUSTRIAL ELECTRICAL**

b EIN **94-1231717**

c Dollar amount contributed by employer **830979**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **VALLEY UNIQUE ELECTRICAL**

b EIN **77-0048023**

c Dollar amount contributed by employer **705673**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **HOWE ELECTRIC CONSTR**

b EIN **20-8893793**

c Dollar amount contributed by employer **648996**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

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

a Name of contributing employer **STRATEGIC MECHANICAL**

b EIN **20-0813176**

c Dollar amount contributed by employer **482873**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **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) **12.65**

(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	0
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	0
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	0
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	2.34
b The corresponding number for the second preceding plan year	15b	1.06
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 51.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.7 %

High-Yield Debt: 6.2 % Real Assets: 9.0 % Cash or Cash Equivalents: 0.0 % Other: 12.8 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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

Name of Plan	IBEW LOCAL NO. 100 PENSION PLAN						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	94-6216336	PN	001

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

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

Name of Plan	IBEW LOCAL NO. 100 PENSION PLAN						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	94-6216336	PN	001

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

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

Name of Plan	IBEW LOCAL NO. 100 PENSION PLAN						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	94-6216336	PN	001

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2023 This Form is Open to Public Inspection
--	--	---

Name of Plan	IBEW LOCAL NO. 100 PENSION PLAN						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	94-6216336	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule MB, line 3(d)
Withdrawal Liability Amounts

This Form is Open to Public Inspection

Name of Plan	IBEW LOCAL NO. 100 PENSION PLAN						
Plan Year Begin Date	07/01/2023	Plan Year End Date	06/30/2024	EIN	94-6216336	PN	001

[illegible]

[illegible]

IBEW LOCAL UNION NO. 100 PENSION PLAN

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
IBEW Local Union No. 100 Pension Plan
955 N Street
Fresno, California 93721

Members of the Board:

Opinion

We have audited the accompanying financial statements of IBEW Local Union No. 100 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

March 25, 2025

IBEW LOCAL UNION NO. 100 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
ASSETS		
CASH	\$ 1,754,965	\$ 2,293,423
INVESTMENTS, AT FAIR VALUE	<u>181,650,993</u>	<u>164,295,876</u>
TOTAL CASH AND INVESTMENTS	183,405,958	166,589,299
RECEIVABLES		
Employer Contributions	\$ 1,969,396	\$ 1,938,899
Due from Broker	-	102,558
Interest and Dividends	<u>3,065</u>	<u>62</u>
TOTAL RECEIVABLES	1,972,461	2,041,519
OTHER ASSETS		
Prepaid Expenses	<u>13,841</u>	<u>11,679</u>
TOTAL ASSETS	185,392,260	168,642,497
LIABILITIES		
Accrued Expenses	97,052	114,990
Reciprocity Payable	<u>386,599</u>	<u>342,793</u>
TOTAL LIABILITIES	<u>483,651</u>	<u>457,783</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 184,908,609</u></u>	<u><u>\$ 168,184,714</u></u>

IBEW LOCAL UNION NO. 100 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2023 to June 30, 2024	July 1, 2022 to June 30, 2023
ADDITIONS		
NET INVESTMENT INCOME		
Dividends and Interest	\$ 3,566,031	\$ 2,897,777
Net Appreciation of Investments	9,877,855	7,943,718
Less: Investment Fees	<u>(640,290)</u>	<u>(609,930)</u>
	\$ 12,803,596	\$ 10,231,565
CONTRIBUTIONS		
Employer	17,004,146	15,881,936
OTHER INCOME	<u>-</u>	<u>61,611</u>
TOTAL ADDITIONS	<u>29,807,742</u>	<u>26,175,112</u>
DEDUCTIONS		
BENEFITS PAID	12,621,029	12,536,516
ADMINISTRATIVE EXPENSES		
Administration Fees	115,506	111,814
Actuary Fees	119,878	96,860
Legal Fees	63,455	72,930
Audit Fees	30,458	132,409
Insurance	45,285	46,612
Pension Benefit Guaranty Corp.	53,585	41,760
Bank Fees	11,610	14,091
Meeting and Trustee Expenses	12,099	6,629
Printing and Supplies	6,374	8,247
Miscellaneous Expenses	<u>4,568</u>	<u>7,278</u>
	462,818	538,630
TOTAL DEDUCTIONS	<u>13,083,847</u>	<u>13,075,146</u>
NET INCREASE FOR THE YEAR	16,723,895	13,099,966
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>168,184,714</u>	<u>155,084,748</u>
End of Year	<u><u>\$ 184,908,609</u></u>	<u><u>\$ 168,184,714</u></u>

IBEW LOCAL UNION NO. 100 PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Benefits	\$ 117,407,830
Other Participants	<u>77,531,476</u>

TOTAL VESTED BENEFITS	194,939,306
-----------------------	-------------

NON-VESTED BENEFITS	<u>6,200,674</u>
---------------------	------------------

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 201,139,980</u></u>
---	------------------------------

IBEW LOCAL UNION NO. 100 PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JULY 1, 2022 TO JUNE 30, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 196,068,233
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Actuarial Experience	\$ 4,879,747	
Increase for Interest	13,267,146	
Benefits and Expenses Paid	<u>(13,075,146)</u>	
NET INCREASE		<u>5,071,747</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u><u>\$ 201,139,980</u></u>

IBEW LOCAL UNION NO. 100 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The IBEW Local Union No. 100 Pension Plan (the "Plan") is a defined benefit multiemployer pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides retirement benefits to participants, available to all union members employed in the jurisdiction of the participating Local Union.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Employer Contributions

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

D. Employer Payroll Compliance Program

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

E. Investment Valuation and Income Recognition

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

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

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

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

IBEW LOCAL UNION NO. 100 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

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

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 116,174,381	\$ -	\$ -	\$ 116,174,381
Money Market Fund	-	97,535	-	97,535
Total Assets in the Fair Value Hierarchy	<u>\$ 116,174,381</u>	<u>\$ 97,535</u>	<u>\$ -</u>	116,271,916
Investments Measured at Net Asset Value ^A				<u>65,379,077</u>
				<u>\$ 181,650,993</u>

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

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 102,108,161	\$ -	\$ -	\$ 102,108,161
Money Market Fund	-	15,190	-	15,190
Total Assets in the Fair Value Hierarchy	<u>\$ 102,108,161</u>	<u>\$ 15,190</u>	<u>\$ -</u>	102,123,351
Investments Measured at Net Asset Value ^A				<u>62,172,525</u>
				<u>\$ 164,295,876</u>

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

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

Level 2 investments include a money market fund valued at amortized cost which approximates fair value.

The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value as of June 30, 2024 and 2023 are as follows:

IBEW LOCAL UNION NO. 100 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

	June 30, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts - direct filing entity				
ASB Allegiance Real Estate Fund	\$ 10,932,180	None	Quarterly	Daily
IBEW-NECA Equity Index Fund	22,258,457	None	Daily	Daily
GS Emerging Markets Debt Fund	9,257,904	None	Daily	Daily
American Strategic Value Realty Fund	272,000	None	Quarterly	30 Days
ASB Blackrock Liquid Federal Trust Fund	767	None	Quarterly	Daily
103-12 Entity - direct filing entity				
Ullico Infrastructure Tax-Exempt Fund	4,771,583	None	Quarterly	45 Days
Partnership				
Pacific Asset Management Bank Ln Fund	8,965,792	None	Monthly	21 Days
Pooled Separate Account - direct filing entity				
Ullico Separate Account J Senior Loan Fund	8,920,394	None	Monthly	Daily
	<u>\$ 65,379,077</u>			
	June 30, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts - direct filing entity				
ASB Allegiance Real Estate Fund	\$ 14,767,614	None	Quarterly	Daily
IBEW-NECA Equity Index Fund	18,237,795	None	Daily	Daily
GS Emerging Markets Debt Fund	8,039,445	None	Daily	Daily
Voya Senior Loan Trust Fund	8,406,645	None	Monthly	Daily
103-12 Entity - direct filing entity				
Ullico Infrastructure Tax-Exempt Fund	4,243,844	None	Quarterly	45 Days
Pooled Separate Account - direct filing entity				
Ullico Separate Account J Senior Loan Fund	8,477,182	None	Monthly	Daily
	<u>\$ 62,172,525</u>			

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

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received its latest notice of tax-exempt status on July 8, 2015. The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

IBEW LOCAL UNION NO. 100 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Tax-Exempt Status (Continued)

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

G. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by actuaries and is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the latest valuation as of June 30, 2023 were: (a) assumed rate of return on investments – 7.00% compounded annually, net of investment expenses, (b) mortality of healthy lives using the RP-2014 Blue Collar Mortality Table for males and females adjusted to 2006, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2019; for disabled lives, RP-2014 Disabled Retiree Mortality Table setback one year adjusted to 2006, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2019, (c) retirement rate of 100% ages 67+, (d) actuarial cost method – unit credit cost method, and (e) operating expenses – total annual amount of \$550,000 payable mid-year, increasing by 2% per year for future years.

Assumption changes since the prior the valuation as of June 30, 2022 included changes to the current liability interest rate from 2.27% to 2.85% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required. Other changes include the mid-year operating expense assumption was increased from \$477,000 to \$550,000 with a 2% annual increase thereafter.

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

As of June 30, 2023, the Plan has unfunded vested benefits of approximately \$9 million.

NOTE 3 - FUNDING POLICY

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

NOTE 4 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment that provides that participants will receive no credit under the Plan for credited service

IBEW LOCAL UNION NO. 100 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 4 - PLAN TERMINATION (Continued)

with an employer after a specified date, or that causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

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

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

NOTE 5 - RISKS AND UNCERTAINTIES

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

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

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan receives contributions and liquidated damages on behalf of the IBEW Local No. 100 Industry Trusts. These contributions are transferred monthly to the respective Trust.

NOTE 7 - PLAN AMENDMENTS

On May 23, 2024, the Plan was amended to clarify the exceptions to the suspension of benefits rules.

November 7, 2024, the temporary 600 hour retiree return to work provision was extended to calendar year 2025.

November 7, 2024, the Plan was amended for terminally ill participants pursuant to the SECURE Act 2.0.

IBEW LOCAL UNION NO. 100 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 25, 2025, the date on which the financial statements were available to be issued. Other than discussed in Note 7, there were no material subsequent events that require recognition or additional disclosures in these financial statements.

IBEW LOCAL UNION NO. 100 PENSION PLAN
FORM 5500
E.I.N. 94-6216336; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



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

Board of Trustees
IBEW Local Union No. 100 Pension Plan
955 N Street
Fresno, California 93721

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2024 and reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

March 25, 2025

IBEW LOCAL UNION NO. 100 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6216336; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>	<u>Money Market Fund</u>	<u>Fair Value</u>	<u>Cost</u>
97,535	First American Funds	\$ 97,535	\$ 97,535
	<u>103-12 Entity</u>		
17,316	Ullico Infrastructure Tax-Exempt Fund	\$ 4,771,583	\$ 2,302,406
	<u>Pooled Separate Account</u>		
485,237	Ullico Separate Account J Senior Loan Fund	\$ 8,920,394	\$ 6,592,133
	<u>Partnership</u>		
8,940,000	Pacific Asset Management Bank Ln Fd	\$ 8,965,792	\$ 8,940,000
	<u>Common/Collective Trusts</u>		
7,692	ASB Allegiance Real Estate Fund	\$ 10,932,180	\$ 6,077,624
642,910	GS Emerging Markets Debt Fund	9,257,904	12,602,101
185,603	IBEW-NECA Equity Index Fund	22,258,457	7,750,152
272,000	American Strategic Value Realty Fund	272,000	272,000
768	ASB Blackrock Liquid Federal Trust Fund	767	767
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 42,721,308</u>	<u>\$ 26,702,644</u>
	<u>Mutual Funds</u>		
369,328	American Funds Europacific Growth Fund	\$ 21,147,741	\$ 18,316,941
455	Aristotle Funds Floating Rate Fund	430	432
343,629	Baird Short Term Bond Institutional	3,226,677	3,186,818
132,840	DFA Emerging Markets Core Equity Fund	4,211,041	3,821,292
822,375	DFA International Value Core Equity Fund	17,195,856	14,008,919
85,316	Dodge & Cox Stock Fund	21,913,497	15,041,337
1,247,659	Dodge & Cox Income Fund	15,446,020	16,810,746
1,851,376	Metropolitan West Total Return Fund	15,496,015	17,746,394
1	Vanguard Total Bond Market Fund	4	4
1,011,188	Vanguard Inflation Protection Section Fund	9,424,275	10,413,208
278,122	William Blair Small Cap Fund	8,112,825	8,190,953
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 116,174,381</u>	<u>\$ 107,537,044</u>
		<u>\$ 181,650,993</u>	<u>\$ 152,171,762</u>

IBEW LOCAL UNION NO. 100 PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6216336; PLAN NO. 001

JULY 1, 2023 TO JUNE 30, 2024

Issuer	Description	Transaction	Interest Rate	Maturity Date	Purchase Price	Proceeds	Cost	Gain (Loss)
Aristotle Funds	Fixed Income Mutual Funds	Purchases	-	-	\$ 9,090,000	\$ -	\$ 9,090,000	\$ -
		Sales	-	-	-	9,232,298	9,251,558	(19,260)
First American	Money Market Fund	Purchases	-	-	24,431,797	-	24,431,797	-
		Sales	-	-	-	23,216,761	23,216,761	-
Pacific Asset Management Bank	Loan Fund	Purchases	-	-	8,940,000	-	8,940,000	-
		Sales	-	-	-	-	-	-
Voya	Senior Loan Trust Fund	Purchases	-	-	-	-	-	-
		Sales	-	-	-	9,077,749	7,143,760	1,933,989

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(2)
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SCHEDULE OF ACTIVE PARTICIPANT DATA

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE (FOR 2023 SCHEDULE MB)

Age Group	Years Of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	30	26	1	0	0	0	0	0	0	0	57
25 - 29	27	50	12	0	0	0	0	0	0	0	89
30 - 34	24	95	43	10	0	0	0	0	0	0	172
35 - 39	14	65	37	16	2	0	0	0	0	0	134
40 - 44	10	59	42	28	18	6	0	0	0	0	163
45 - 49	8	26	23	24	20	12	2	1	0	0	116
50 - 54	5	16	13	14	14	11	10	1	0	0	84
55 - 59	4	12	7	5	8	13	7	8	3	0	67
60 - 64	5	10	3	5	3	5	1	1	2	0	35
65 - 69	2	2	2	1	1	0	0	1	0	0	9
70 and Over	1	1	0	0	0	0	0	0	0	0	2
Total	130	362	183	103	66	47	20	12	5	0	928

Attachment to:2023 Schedule MB (Form 5500), Line 6

Plan Name:IBEW Local Union No. 100 Pension Plan

Employer ID:94-6216336

Plan Number:001

Year Ended:June 30, 2024

STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS

METHODOLOGY:	
Actuarial Value of Assets	Assets are valued according to a method which recognizes 20% of each year’s excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method	<u>Unit Credit Cost Method</u> Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. The normal cost is adjusted at the close of the plan year to reflect the actual level of hours worked during that plan year.
Amortization Extension	Effective July 1, 2015, a 5-year extension of the applicable charge bases was incorporated.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS (CONTINUED)

ASSUMPTIONS:	
Interest Discount Rate	7.00% for funding and 2.85 % for current liability.
Assumed Rate of Return on Investments	7.00% compounded annually, net of investment expenses.
Derivation of Net Investment Return	The expected return assumption is established based on a long-term outlook and is based on past experience, future expectations and professional judgment. We have modeled the assumption based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses	A total annual amount of \$550,000 payable mid-year (\$532,009 at the beginning of year), increasing by 2% per year for future years
Investment Expenses	Assumed covered by investment earnings
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions. These assumptions were fully reviewed with the July 1, 2019 valuation and reflect the results of an experience study covering the period from July 1, 2014 through June 30, 2019.
Mortality	Healthy Lives: RP-2014 Blue Collar Mortality Table for males and females adjusted to 2006, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2019. Disabled Lives: RP-2014 Disabled Retiree Mortality Table setback 1 year for males and females adjusted to 2006, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2019. Current Liability: 2023 static mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2022-22.
Mortality Improvement	The current mortality assumption, with generational improvement, is assumed to be reasonable at this time.

Attachment to:2023 Schedule MB (Form 5500), Line 6

Plan Name:IBEW Local Union No. 100 Pension Plan

Employer ID:94-6216336

Plan Number:001

Year Ended:June 30, 2024

STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS

(CONTINUED)

ASSUMPTIONS:																													
Termination Rates	Table T-10 (Less 51GAT Male) of The Actuary's Pension Handbook (Crocker-Sarason-Straight).																												
Retirement Rates	Active participants are assumed to retire based on the following rate table: <table><tr><th>Age</th><th>Percent Retiring (Service Credit <30)</th><th>Percent Retiring (Service Credit >=30)</th></tr><tr><td>50-54</td><td>1%</td><td>5%</td></tr><tr><td>55-57</td><td>5%</td><td>15%</td></tr><tr><td>58-59</td><td>5%</td><td>30%</td></tr><tr><td>60-61</td><td>15%</td><td>65%</td></tr><tr><td>62</td><td>15%</td><td>100%</td></tr><tr><td>63-64</td><td>25%</td><td>100%</td></tr><tr><td>65-66</td><td>65%</td><td>100%</td></tr><tr><td>67+</td><td>100%</td><td>100%</td></tr></table>		Age	Percent Retiring (Service Credit <30)	Percent Retiring (Service Credit >=30)	50-54	1%	5%	55-57	5%	15%	58-59	5%	30%	60-61	15%	65%	62	15%	100%	63-64	25%	100%	65-66	65%	100%	67+	100%	100%
Age	Percent Retiring (Service Credit <30)	Percent Retiring (Service Credit >=30)																											
50-54	1%	5%																											
55-57	5%	15%																											
58-59	5%	30%																											
60-61	15%	65%																											
62	15%	100%																											
63-64	25%	100%																											
65-66	65%	100%																											
67+	100%	100%																											
	Vested inactive participants are assumed to retire at the later of their current age or age 62 (65 for those with less than 10 years of service).																												
Disability Rates	1987 Commissioners Group Disability Incidence tables.																												
Form of Benefit	For those not yet in pay status, all non-married participants are assumed to elect a Single Life Annuity and all married participants are assumed to elect a 50% Joint and Survivor Annuity.																												
Marital Status	45% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their male spouses.																												
Future Employment	For projection purposes, 700,000 benefit hours are assumed to be worked in the 2023/2024 Plan Year.																												
Missing Data	If not specified, participants are assumed to be male and hired at age 30.																												

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS
(CONTINUED)

CHANGES SINCE PRIOR VALUATION	Effective July 1, 2023, the mid-year operating expense assumption was increased from \$477,000 to \$550,000 with a 2% annual increase thereafter. The current liability interest rate was changed from 2.27% to 2.85% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.
--------------------------------------	--

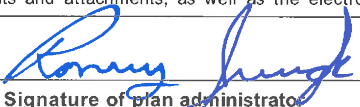
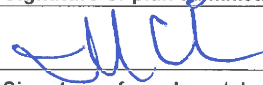
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan IBEW LOCAL NO. 100 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN 955 N ST FRESNO, CA 93721	2b Employer Identification Number (EIN) 94-6216336 2c Plan Sponsor's telephone number 559-225-3030 2d Business code (see instructions) 238210

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

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

SIGN HERE		4-11-2025	Ronny Juwak
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/11/25	David Clark
	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

IBEW LOCAL UNION NO. 100 PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6216336; PLAN NO. 001

JULY 1, 2023 TO JUNE 30, 2024

Issuer	Description	Transaction	Interest Rate	Maturity Date	Purchase Price	Proceeds	Cost	Gain (Loss)
Aristotle Funds	Fixed Income Mutual Funds	Purchases	-	-	\$ 9,090,000	\$ -	\$ 9,090,000	\$ -
		Sales	-	-	-	9,232,298	9,251,558	(19,260)
First American	Money Market Fund	Purchases	-	-	24,431,797	-	24,431,797	-
		Sales	-	-	-	23,216,761	23,216,761	-
Pacific Asset Management Bank	Loan Fund	Purchases	-	-	8,940,000	-	8,940,000	-
		Sales	-	-	-	-	-	-
Voya	Senior Loan Trust Fund	Purchases	-	-	-	-	-	-
		Sales	-	-	-	9,077,749	7,143,760	1,933,989

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 beginning07/01/2023and ending06/30/2024

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
IBEW Local Union No. 100 Pension Plan

B Three-digit plan number (PN)001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees of IBEW Local No. 100 Pension Plan

D Employer Identification Number (EIN)
94-6216336

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

1a Enter the valuation date: Month7Day1Year2023

b Assets

(1) Current value of assets

1b(1)

168,184,714

(2) Actuarial value of assets for funding standard account

1b(2)

177,010,966

(1) Accrued liability for plan using immediate gain methods

1c(1)

191,905,072

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases

1c(2)(a)

(b) Accrued liability under entry age normal method

1c(2)(b)

(c) Normal cost under entry age normal method

1c(2)(c)

(3) Accrued liability under unit credit cost method

1c(3)

191,905,072

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)

341,907,874

(b) Expected increase in current liability due to benefits accruing during the plan year

1d(2)(b)

11,686,230

(c) Expected release from "RPA '94" current liability for the plan year

1d(2)(c)

13,254,184

(3) Expected plan disbursements for the plan year

1d(3)

13,944,175

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

Wendy Londa

Signature of actuary

3-21-2025

Date

23-07600

Most recent enrollment number

(650) 341-3311

Telephone number (including area code)

WENDY LONDA

Type or print name of actuary

RAEL & LETSON

Firm name

160 Bovet Rd., Suite 203

Address of the firm

SAN MATEO

CA 94402

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

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

Schedule MB (Form 5500) 2023 v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	168,184,714
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	385	165,360,476
(3) For active participants:	200	44,701,820
(a) Non-vested benefits		12,912,500
(b) Vested benefits		118,933,078
(c) Total active	928	131,845,578
(4) Total	1,513	341,907,874
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.19 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	17,004,146				
Totals ▶			3(b)	17,004,146	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.2 %
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
(2) Females	6c(2)	A
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	4.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.6%
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)	532,009
(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	4,540,568	465,916

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	482,835

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	4,849,205

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)	57,839,775	7,534,501
9c(2)		0
9c(3)		0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 866,859**e** Total charges. Add lines 9a through 9d.....**9e** 13,250,565**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 35,882,603**g** Employer contributions. Total from column (b) of line 3.....**9g** 17,004,146**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	7,063,066	1,483,741

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3,210,789**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	68,963,818	
9j(2)	140,113,979	
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** 57,581,279**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 44,330,714**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

Attachment to: 2023 Schedule MB (Form 5500), Lines 3 and 9g
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

EMPLOYER CONTRIBUTIONS

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(1)
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023/2024	\$ 622,210	\$ 437,988	\$ 12,333,977	\$ 13,394,175
2024/2025	1,128,459	572,683	11,996,455	13,697,596
2025/2026	1,618,721	603,629	11,648,437	13,870,786
2026/2027	2,081,117	775,178	11,290,535	14,146,830
2027/2028	2,512,229	834,263	10,923,368	14,269,860
2028/2029	2,868,381	1,053,432	10,547,562	14,469,375
2029/2030	3,222,175	1,137,808	10,163,735	14,523,718
2030/2031	3,540,564	1,316,843	9,772,543	14,629,950
2031/2032	3,869,782	1,500,550	9,374,694	14,745,027
2032/2033	4,178,301	1,662,298	8,971,012	14,811,611
2033/2034	4,481,286	1,803,625	8,562,430	14,847,341
2034/2035	4,770,142	1,956,011	8,149,969	14,876,121
2035/2036	5,045,405	2,026,871	7,734,713	14,806,989
2036/2037	5,275,779	2,123,845	7,317,879	14,717,503
2037/2038	5,518,026	2,211,593	6,900,848	14,630,467
2038/2039	5,800,296	2,269,551	6,485,135	14,554,983
2039/2040	5,977,151	2,347,163	6,072,313	14,396,628
2040/2041	6,192,239	2,474,564	5,663,924	14,330,727
2041/2042	6,446,712	2,535,918	5,261,440	14,244,070
2042/2043	6,664,155	2,578,684	4,866,324	14,109,164
2043/2044	6,779,937	2,601,373	4,480,051	13,861,361
2044/2045	6,899,905	2,578,238	4,104,144	13,582,287
2045/2046	6,971,981	2,572,269	3,740,172	13,284,422
2046/2047	6,993,342	2,528,259	3,389,693	12,911,294
2047/2048	6,976,011	2,462,786	3,054,214	12,493,011
2048/2049	6,893,118	2,408,519	2,735,048	12,036,684
2049/2050	6,871,178	2,353,143	2,433,346	11,657,668
2050/2051	6,875,768	2,290,080	2,150,095	11,315,943
2051/2052	6,869,952	2,226,159	1,886,150	10,982,261
2052/2053	6,774,881	2,152,602	1,642,202	10,569,685
2053/2054	6,711,909	2,060,651	1,418,687	10,191,246
2054/2055	6,575,729	1,966,459	1,215,713	9,757,900
2055/2056	6,431,631	1,882,572	1,033,016	9,347,219
2056/2057	6,270,240	1,802,708	870,053	8,943,001
2057/2058	6,057,137	1,712,469	726,150	8,495,756
2058/2059	5,856,520	1,620,024	600,470	8,077,014
2059/2060	5,635,096	1,520,154	491,871	7,647,121
2060/2061	5,395,515	1,420,728	398,991	7,215,235
2061/2062	5,145,146	1,322,322	320,394	6,787,862
2062/2063	4,896,480	1,225,495	254,673	6,376,648
2063/2064	4,646,933	1,130,798	200,413	5,978,145
2064/2065	4,393,402	1,038,762	156,177	5,588,340
2065/2066	4,138,832	949,834	120,544	5,209,210
2066/2067	3,882,181	864,417	92,189	4,838,787
2067/2068	3,629,974	782,845	69,903	4,482,722
2068/2069	3,383,104	705,402	52,592	4,141,098
2069/2070	3,141,906	632,347	39,285	3,813,538
2070/2071	2,907,446	563,902	29,157	3,500,505
2071/2072	2,680,885	500,227	21,519	3,202,631
2072/2073	2,462,943	441,398	15,801	2,920,143

Attachment to: 2023 Schedule MB (Form 5500), Line 8b(3)
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND WITHDRAWAL LIABILITY PAYMENT

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023/2024	\$ 8,853,837	\$ 0	\$ 8,853,837
2024/2025	9,002,093	0	9,002,093
2025/2026	9,002,093	0	9,002,093
2026/2027	9,002,093	0	9,002,093
2027/2028	9,002,093	0	9,002,093
2028/2029	9,002,093	0	9,002,093
2029/2030	9,002,093	0	9,002,093
2030/2031	9,002,093	0	9,002,093
2031/2032	9,002,093	0	9,002,093
2032/2033	9,002,093	0	9,002,093

Attachment to:2023 Schedule MB (Form 5500), Line 6

Plan Name:IBEW Local Union No. 100 Pension Plan

Employer ID:94-6216336

Plan Number:001

Year Ended:June 30, 2024

SUMMARY OF PLAN PROVISIONS

The IBEW Local Union No. 100 Pension Plan became effective July 1, 1969 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of January 1, 2015 and last amended effective January 1, 2024. The principal provisions of the Plan as of July 1, 2023 are summarized below.

NORMAL RETIREMENT																																						
Eligibility	Earlier of: (1) age 62 with 10 years of Service Credit, one year of which is Future, (2) age 65 and vested, or (3) age 65 and the 5th anniversary of participation.																																					
Monthly Benefit	The amount of monthly annuity payable for the lifetime of the participant is the total of the following: 1. \$6.00 per month for each year of Past Service (maximum of 10 years), plus 2. Future Service as follows: <table><tr><th>Plan Years Ending June 30</th><th>Benefit Level</th><th>Benefit Hours</th></tr><tr><td>1970 – 1974</td><td>\$ 1.70</td><td>For every 140 hours</td></tr><tr><td>1975</td><td>\$ 2.10</td><td>For every 140 hours</td></tr><tr><td>1976 - 1980</td><td>\$ 3.30</td><td>For every 100 hours</td></tr><tr><td>1981 - 1982</td><td>\$ 4.30</td><td>For every 100 hours</td></tr><tr><td>1983 – 1987</td><td>\$ 5.30</td><td>For every 100 hours</td></tr><tr><td>1988 – 1989</td><td>\$ 7.00</td><td>For every 100 hours</td></tr><tr><td>1990</td><td>\$ 8.35</td><td>For every 100 hours</td></tr><tr><td>1991</td><td>\$ 8.75</td><td>For every 100 hours</td></tr><tr><td>1992 – 1994</td><td>\$ 9.00</td><td>For every 100 hours</td></tr><tr><td>1995 – 1997</td><td>\$10.00</td><td>For every 100 hours</td></tr><tr><td>1998 - present</td><td>\$ 9.25</td><td>For every 100 hours</td></tr></table>		Plan Years Ending June 30	Benefit Level	Benefit Hours	1970 – 1974	\$ 1.70	For every 140 hours	1975	\$ 2.10	For every 140 hours	1976 - 1980	\$ 3.30	For every 100 hours	1981 - 1982	\$ 4.30	For every 100 hours	1983 – 1987	\$ 5.30	For every 100 hours	1988 – 1989	\$ 7.00	For every 100 hours	1990	\$ 8.35	For every 100 hours	1991	\$ 8.75	For every 100 hours	1992 – 1994	\$ 9.00	For every 100 hours	1995 – 1997	\$10.00	For every 100 hours	1998 - present	\$ 9.25	For every 100 hours
Plan Years Ending June 30	Benefit Level	Benefit Hours																																				
1970 – 1974	\$ 1.70	For every 140 hours																																				
1975	\$ 2.10	For every 140 hours																																				
1976 - 1980	\$ 3.30	For every 100 hours																																				
1981 - 1982	\$ 4.30	For every 100 hours																																				
1983 – 1987	\$ 5.30	For every 100 hours																																				
1988 – 1989	\$ 7.00	For every 100 hours																																				
1990	\$ 8.35	For every 100 hours																																				
1991	\$ 8.75	For every 100 hours																																				
1992 – 1994	\$ 9.00	For every 100 hours																																				
1995 – 1997	\$10.00	For every 100 hours																																				
1998 - present	\$ 9.25	For every 100 hours																																				

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

EARLY RETIREMENT

Eligibility	Age 50 with 5 years of Service Credit, one year of which is Future.
Monthly Benefit	Actuarially reduced Normal Retirement Benefit for participants with less than 10 years of Service Credit. Normal Retirement Benefit reduced by 3/10 of 1% for each month retirement age precedes age 62 down to age 55 with an additional actuarial reduction down to age 50 for participants with at least 10 years of Service Credit (factors in Appendix A of the Plan Document).

SPECIAL EARLY RETIREMENT

Eligibility	Age 50 with 30 years of Service Credit, including 3 years of Service Credit during the 5 years immediately preceding retirement.
Monthly Benefit	Unreduced benefit at age 60. Reduced Early Retirement Benefit equal to the Normal Retirement Benefit reduced by 3/10 of 1% for each month retirement age precedes age 60 down to age 55 with an additional actuarial reduction down to age 50 (factors in Appendix A of the Plan Document).

DISABILITY RETIREMENT

Eligibility	10 years of Service Credit, one year of which is Future, has become permanently and totally disabled from work covered by the Collective Bargaining Agreement and has an award for Social Security disability benefits.
Monthly Benefit	Normal Retirement Benefit less \$1 per month.

PRE-RETIREMENT DEATH BENEFIT

Eligibility	Married and Vested.
Monthly Benefit	50% Joint & Survivor Annuity payable on the later of the first of the month following or coinciding with the date on which the participant (1) died, or (2) would have reached age 50.

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

FORMS OF ANNUITY PAYMENTS

Normal Form	For Married Participants: 50% Joint & Survivor Annuity. For Unmarried Participants: Single Life Annuity.
Optional Forms	50%, 75% or 100% Survivor Benefit; 50%, 75% or 100% Pop-up Survivor Benefit; Social Security Adjustment Option.

OTHER

Active Employee	300 hours during a plan year.																				
Future Service Credit	<table> <tr> <th>Hours in Plan Year</th><th>Credited Future Service</th></tr> <tr> <td>1,000 or more</td><td>1.0 year</td></tr> <tr> <td>900 – 999</td><td>0.9</td></tr> <tr> <td>800 – 899</td><td>0.8</td></tr> <tr> <td>700 – 799</td><td>0.7</td></tr> <tr> <td>600 – 699</td><td>0.6</td></tr> <tr> <td>500 – 599</td><td>0.5</td></tr> <tr> <td>400 – 499</td><td>0.4</td></tr> <tr> <td>300 – 399</td><td>0.3</td></tr> <tr> <td>Less than 300</td><td>No Credit</td></tr> </table> 100% vested if 5 or more years of Future Service Credit or attainment of age 65 and the 5th anniversary of participation.	Hours in Plan Year	Credited Future Service	1,000 or more	1.0 year	900 – 999	0.9	800 – 899	0.8	700 – 799	0.7	600 – 699	0.6	500 – 599	0.5	400 – 499	0.4	300 – 399	0.3	Less than 300	No Credit
Hours in Plan Year	Credited Future Service																				
1,000 or more	1.0 year																				
900 – 999	0.9																				
800 – 899	0.8																				
700 – 799	0.7																				
600 – 699	0.6																				
500 – 599	0.5																				
400 – 499	0.4																				
300 – 399	0.3																				
Less than 300	No Credit																				
Suspension of Benefits	40 Hours of Employment in a month in the same industries and trades or crafts as covered employment within the same geographical jurisdiction of IBEW Local Union No. 100.																				
Contributory (Benefit) Hours	Benefit hours are vesting hours worked adjusted to reflect the Plan's contribution rate for journeymen.																				

Attachment to: 2023 Schedule MB (Form 5500), Line 6
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

OTHER (Continued)

Benefit Increases

The following increases in accrued benefits have been granted:

Retire on or After	Percentage Increase	Benefits Accrued Through	300 Hours Required in Plan Year Ending
July 1, 1987	55.50 %	June 30, 1987	June 30, 1986 or 1987
July 1, 1990	9.25	June 30, 1990	June 30, 1990
July 1, 1991	5.00	June 30, 1991	June 30, 1991
July 1, 1993	10.00	June 30, 1993	June 30, 1993
July 1, 1997	7.00	June 30, 1997	June 30, 1997
July 1, 1998	10.00	June 30, 1998	June 30, 1998

Effective Date	Monthly Benefit Increase	Retirees and Beneficiaries in Pay as of
January 1, 1980	10%	December 1, 1979
January 1, 1984	10%	January 1, 1984
July 1, 1987	\$70.00	June 30, 1987
July 1, 1990	\$67.50	June 30, 1990
July 1, 1991	\$25.00	June 30, 1991
July 1, 1992	\$33.00	June 30, 1992
July 1, 1993	\$55.00 ¹	June 30, 1993
July 1, 1997	\$100.00 ¹	June 30, 1997
July 1, 1998	\$50.00 ¹	June 30, 1998
July 1, 1999	\$40.00 ¹	June 30, 1999
July 1, 2008	\$50.00	June 30, 2008

¹ This is a minimum increase for retirees active in the Plan Year preceding the effective date. Refer to the Plan Document for further details.

CHANGES SINCE PRIOR VALUATION

None.

IBEW LOCAL UNION NO. 100 PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6216336; PLAN NO. 001
JUNE 30, 2024

<u>No. of Shares</u>	<u>Money Market Fund</u>	<u>Fair Value</u>	<u>Cost</u>
97,535	First American Funds	\$ 97,535	\$ 97,535
	<u>103-12 Entity</u>		
17,316	Ullico Infrastructure Tax-Exempt Fund	\$ 4,771,583	\$ 2,302,406
	<u>Pooled Separate Account</u>		
485,237	Ullico Separate Account J Senior Loan Fund	\$ 8,920,394	\$ 6,592,133
	<u>Partnership</u>		
8,940,000	Pacific Asset Management Bank Ln Fd	\$ 8,965,792	\$ 8,940,000
	<u>Common/Collective Trusts</u>		
7,692	ASB Allegiance Real Estate Fund	\$ 10,932,180	\$ 6,077,624
642,910	GS Emerging Markets Debt Fund	9,257,904	12,602,101
185,603	IBEW-NECA Equity Index Fund	22,258,457	7,750,152
272,000	American Strategic Value Realty Fund	272,000	272,000
768	ASB Blackrock Liquid Federal Trust Fund	767	767
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 42,721,308</u>	<u>\$ 26,702,644</u>
	<u>Mutual Funds</u>		
369,328	American Funds Europacific Growth Fund	\$ 21,147,741	\$ 18,316,941
455	Aristotle Funds Floating Rate Fund	430	432
343,629	Baird Short Term Bond Institutional	3,226,677	3,186,818
132,840	DFA Emerging Markets Core Equity Fund	4,211,041	3,821,292
822,375	DFA International Value Core Equity Fund	17,195,856	14,008,919
85,316	Dodge & Cox Stock Fund	21,913,497	15,041,337
1,247,659	Dodge & Cox Income Fund	15,446,020	16,810,746
1,851,376	Metropolitan West Total Return Fund	15,496,015	17,746,394
1	Vanguard Total Bond Market Fund	4	4
1,011,188	Vanguard Inflation Protection Section Fund	9,424,275	10,413,208
278,122	William Blair Small Cap Fund	8,112,825	8,190,953
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 116,174,381</u>	<u>\$ 107,537,044</u>
		<u>\$ 181,650,993</u>	<u>\$ 152,171,762</u>

Attachment to: 2023 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Charges	0	Unknown	1/1/1979	\$ 6,025	0.50	\$ 6,025
	0	Unknown	1/1/1980	51,339	1.50	34,798
	3	Plan Amendment	7/1/1990	236,164	2.00	122,075
	3	Plan Amendment	7/1/1991	200,089	3.00	71,254
	3	Plan Amendment	7/1/1992	135,769	4.00	37,462
	3	Plan Amendment	7/1/1993	792,978	5.00	180,748
	3	Plan Amendment	7/1/1994	13,828	6.00	2,712
	3	Plan Amendment	7/1/1995	583,093	7.00	101,116
	3	Plan Amendment	7/1/1997	1,946,279	9.00	279,185
	4	Assumption Change	7/1/1997	1,037,876	9.00	148,878
	3	Plan Amendment	7/1/1998	1,991,200	10.00	264,955
	3	Plan Amendment	7/1/1999	1,293,889	11.00	161,262
	5	Change in Funding Method	7/1/1999	2,271,608	11.00	283,116
	1	Experience Loss	7/1/2004	231,159	1.00	231,159
	1	Experience Loss	7/1/2005	15,412	2.00	7,968
	1	Experience Loss	7/1/2006	353,023	3.00	125,717
	3	Plan Amendment	7/1/2008	404,928	5.00	92,297
	1	Experience Loss	7/1/2009	180,665	6.00	35,423
	8	Net Investment Loss Incurred in 2008/2009	7/1/2009	5,202,043	15.00	533,790
	8	Net Investment Loss Incurred in 2008/2009	7/1/2010	505,273	15.00	51,846
	4	Assumption Change	7/1/2010	1,206,752	7.00	209,267
	8	Net Investment Loss Incurred in 2008/2009	7/1/2011	1,474,744	15.00	151,326
	8	Net Investment Loss Incurred in 2008/2009	7/1/2012	3,015,980	15.00	309,475
	8	Net Investment Loss Incurred in 2008/2009	7/1/2013	3,159,712	15.00	324,224
	4	Assumption Change	7/1/2014	5,305,875	11.00	661,285
	8	Net Investment Loss Incurred in 2008/2009	7/1/2014	2,996,439	15.00	307,470
	1	Experience Loss	7/1/2016	2,740,916	8.00	428,986
	1	Experience Loss	7/1/2017	1,599,546	9.00	229,447
	1	Experience Loss	7/1/2018	1,476,982	10.00	196,531
	1	Experience Loss	7/1/2019	2,008,033	11.00	250,266
	4	Assumption Change	7/1/2019	724,833	11.00	90,338
	1	Experience Loss	7/1/2020	4,446,570	12.00	523,207
	3	Plan Amendment	7/1/2021	1,391,155	13.00	155,564
	1	Experience Loss	7/1/2022	4,299,030	14.00	459,413
	1	Experience Loss	7/1/2023	4,540,568	15.00	465,916
				<u>\$ 57,839,775</u>		<u>\$ 7,534,501</u>

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Credits	1	Experience Gain	7/1/2010	\$ (624,574)	2.00	\$ (322,851)
	1	Experience Gain	7/1/2011	(1,759)	3.00	(627)
	1	Experience Gain	7/1/2012	(67,721)	4.00	(18,683)
	1	Experience Gain	7/1/2013	(1,245,012)	5.00	(283,784)
	1	Experience Gain	7/1/2014	(3,043,720)	6.00	(596,785)
	1	Experience Gain	7/1/2015	(454,948)	7.00	(78,895)
	3	Plan Amendment	7/1/2016	(8,207)	8.00	(1,284)
	1	Experience Gain	7/1/2021	(1,617,125)	13.00	(180,832)
				<u>\$ (7,063,066)</u>		<u>\$ (1,483,741)</u>

Attachment to: 2023 Schedule MB (Form 5500), Line 11
Plan Name: IBEW Local Union No. 100 Pension Plan
Employer ID: 94-6216336
Plan Number: 001
Year Ended: June 30, 2024

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The current liability interest rate was changed from 2.27% to 2.85% to be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Effective July 1, 2023, the mid-year operating expense assumption was increased from \$477,000 to \$550,000 with a 2% annual increase thereafter to better reflect anticipated future expenses.