

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) DISASTER RELIEF KY-2025-02
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 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/1970
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) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392 6525 CENTURION DRIVE LANSING, MI 48917
2b	Employer Identification Number (EIN) 35-6244875
2c	Plan Sponsor's telephone number 219-769-6944
2d	Business code (see instructions) 335900

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.	06/12/2025	COREY NOLAND
	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	5 350
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) 31 6a(2) 29 6b 160 6c 139 6d 328 6e 21 6f 349 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 3

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

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 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392	D Employer Identification Number (EIN) 35-6244875

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

1a Enter the valuation date: Month 06 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 14131937
(2) Actuarial value of assets for funding standard account	1b(2) 15068791
c (1) Accrued liability for plan using immediate gain methods	1c(1) 17300120
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c) 0
(3) Accrued liability under unit credit cost method	1c(3) 17300120
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) 29484763
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 129808
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1510132
(3) Expected plan disbursements for the plan year	1d(3) 1696681

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	03/12/2025
Signature of actuary BRETT WARREN	Date 23-08320
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 701 EAST GATE DRIVE, STE 330 MOUNT LAUREL, NJ 08054	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	14131937
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	175	19126109
(2)	For terminated vested participants	144	7534467
(3)	For active participants:		
(a)	Non-vested benefits		367515
(b)	Vested benefits		2456672
(c)	Total active.....	31	2824187
(4)	Total.....	350	29484763
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	47.93 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/01/2023	235061					
			Totals ►	3(b)	235061	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	64329

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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: • 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."	4f	

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	2.80 %
	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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-1.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	164345
(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	98548	10112

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	213897

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)	5995430	824381
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 72679**e** Total charges. Add lines 9a through 9d**9e** 1110957**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 1985117**g** Employer contributions. Total from column (b) of line 3**9g** 235061**h** Amortization credits as of valuation date

Outstanding balance

9h 1778984 365258**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 172753**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)	5742901
9j(2)	11637739

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** 2758189**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 1647232**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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 06/01/2023 and ending 05/31/2024		
A Name of plan INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392	D Employer Identification Number (EIN) 35-6244875	

Part I	Service Provider Information (see instructions)
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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
CHEVY CHASE TRUST
52-2037618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ASB CAPITAL MANAGEMENT LLC
80-0618452

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

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

MORGAN STANLEY PRIME PROPERTY

36-3145972

(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?
51	NONE	24684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

1ST SOURCE

35-6495542

(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?
51	NONE	18780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON

13-4215617

(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	NONE	55758	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)

MARQUETTE ASSOCIATES

36-3485298

(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	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIC INTERNATIONAL CORPORATION

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERRY BEKAERT LLP

56-0574444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20838	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)

MAY OBERFELL LORBER

4100 EDISON LAKES PARKWAY
MISHAWAKA, IN 46545

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KLEHR HARRISON & HARVEY

1835 MARKET STREET #1400
PHILADELPHIA, PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	1576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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1701 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5449	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.
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392	D Employer Identification Number (EIN) 35-6244875	

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: BNYM MELLON AFL CIO SL BROAD MKT FD		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-357	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4273671
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON DB SL ACWI EX-US FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1585191
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 06/01/2023 and ending 05/31/2024		
A Name of plan INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392	D Employer Identification Number (EIN) 35-6244875	

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	179903	201898
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	87097	19657
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10171	14948
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	76091	9974
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	2415596	2026650
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4299356	5858862
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7144318	6094061
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14212532	14226050
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8590	24062
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8590	24062
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14203942	14201988

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)	212735	
(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)		212735
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4499	
(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)	85126	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		89625
(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)	277677	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		277677
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11773972	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8041788	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3732184
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-197140	
(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)		-2590588
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		278837
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1803330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1500707	
(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)		1500707
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)	18000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	20838	
(5) Investment advisory and investment management fees	2i(5)	78259	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	55758	
(8) Legal fees	2i(8)	36653	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2498	
(11) Other expenses	2i(11)	92571	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		304577
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1805284

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1954
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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533459.

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 06/01/2023 and ending 05/31/2024					
A Name of plan INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WKRS LOCAL NO 1392				D Employer Identification Number (EIN) 35-6244875	
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): 35-1820020					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ENYART ELECTRIC MOTOR REPAIR COMPANY, INC.**

b EIN **34-1411169**

c Dollar amount contributed by employer **25685**

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 **2024**

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

(1) Contribution rate (in dollars and cents) **2.74**

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

a Name of contributing employer **KOONZ-WAGNER MAINTENANCE SERVICES, LLC**

b EIN **26-3103680**

c Dollar amount contributed by employer **47787**

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 **2024**

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

(1) Contribution rate (in dollars and cents) **2.74**

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

a Name of contributing employer **NORTHERN ELECTRIC COMPANY**

b EIN **35-0839317**

c Dollar amount contributed by employer **97260**

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 **2024**

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

(1) Contribution rate (in dollars and cents) **2.74**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	43
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	43
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	43
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	98.76
b The corresponding number for the second preceding plan year	15b	100.63
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL UNION
NO. 1392 PENSION FUND**

FINANCIAL STATEMENTS

As of and for the Years Ended May 31, 2024 and 2023

And Report of Independent Auditor

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND**

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Report of Independent Auditor

To the Board of Trustees
International Brotherhood of Electrical Workers
Local Union No. 1392 Pension Fund
Lansing, Michigan

Opinion

We have audited the financial statements of the International Brotherhood of Electrical Workers Local Union No. 1392 Pension Fund (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of 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 that the financial statements are 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 accounting principles generally accepted in the United States of America 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 accounting principles generally accepted in the United States of America, 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 audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions as of May 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's ("DOL") 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 accounting principles generally accepted in the United States of America.

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 DOL'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.

Cherry Bekaert LLP

Indianapolis, Indiana
June 12, 2025

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 13,989,547	\$ 13,935,361
Cash - operating	201,898	179,903
Receivables:		
Employers' contributions	19,657	15,092
Interest on investments	8,386	9,818
Employer withdrawal liability receivable	2,377,856	2,400,182
Less allowance for doubtful accounts	(2,377,856)	(2,328,177)
	28,043	96,915
Prepaid Expenses:	6,562	353
Total Assets	14,226,050	14,212,532
LIABILITIES		
Accounts payable	24,062	8,590
Total Liabilities	24,062	8,590
Net Assets Available for Benefits	\$ 14,201,988	\$ 14,203,942

The accompanying notes to the financial statements are an integral part of these statements

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 367,302	\$ 427,226
Net appreciation in fair value of investments	1,223,293	-
	<u>1,590,595</u>	<u>427,226</u>
Contributions:		
Employers	170,732	182,078
Employer withdrawal liability interest accretion	42,003	171,787
	<u>212,735</u>	<u>353,865</u>
Total additions	<u>1,803,330</u>	<u>781,091</u>
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	623,699
Benefits paid to participants	1,500,707	1,413,894
Administrative expenses:		
Investment management	43,259	53,548
Administrative fees	18,000	18,000
Professional fees	92,491	63,874
Actuarial fees	55,758	41,563
Insurance	6,805	6,811
Trustee meetings and conferences	2,498	1,801
Dues and fees	36,087	16,216
Provision for bad debt	49,679	2,328,177
Total deductions	<u>1,805,284</u>	<u>4,567,583</u>
Net change in net assets available for benefits	(1,954)	(3,786,492)
Net assets available for benefits, beginning of year	<u>14,203,942</u>	<u>17,990,434</u>
Net assets available for benefits, end of year	<u>\$ 14,201,988</u>	<u>\$ 14,203,942</u>

The accompanying notes to the financial statements are an integral part of these statements

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS**

MAY 31, 2024 AND 2023

Note 1—Description of the plan

The following brief description of the International Brotherhood of Electrical Workers Local Union No. 1392 Pension Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General – The Plan is a defined benefit pension plan established for the members of a collective bargaining unit represented by the International Brotherhood of Electrical Workers Local Union No. 1392 (the “Plan Sponsor”). Covered employees become eligible to participate in the Plan upon completion of 1,000 hours of covered service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Employer contributions are paid into the Plan at the rate per hour specified in the applicable collective bargaining agreement for each hour worked and employer withdrawal liability interest income accretion. Participant contributions are not permitted. Contributions are invested at the discretion of the Plan’s trustees.

Vesting – A participant becomes 100% vested after five or more years of credited service.

Pension Benefits – The Plan offers four types of pension benefits: (a) normal retirement benefit, (b) early retirement benefit, (c) deferred vested benefit, and (d) a death benefit. Participants are eligible for a normal retirement benefit on the later of the date they turn 65 (normal retirement age), or the fifth anniversary of the date they became a participant, as long as there has not been a permanent break in service. An early retirement benefit may be payable after age 60 and 10 or more years of credited service. A participant is eligible for a deferred vested benefit, payable after normal retirement age, after completing five years of credited service, or before age 65 if the participant has enough credited service to qualify for an early retirement benefit.

Death Benefits – If a participant dies when they are eligible for a retirement benefit but has not begun collecting a benefit, the surviving spouse (or beneficiary) is entitled to receive a survivor death benefit. The benefit payable would be what would have been payable if the participant had retired and begun receiving the joint and 50% survivor pension on the first day of the month following death, payable for the spouse’s lifetime.

If a participant dies before becoming eligible for a retirement benefit, the spouse may still be eligible for a death benefit if the participant was eligible for a deferred vested benefit calculated as if the participant had died the day after reaching the earliest retirement age payable monthly for the spouse’s life beginning with the date the participant would have been eligible to receive a retirement benefit. A surviving spouse may elect to receive a lump-sum payment equal to the total of all employer contributions made on the participant’s behalf.

Form of Payment – If married on the date of retirement (normal, early, or deferred vested), a participant will automatically receive a joint and 50% survivor pension unless an optional method is elected. Optional methods include a straight life pension, a life with period certain pension or a joint and survivor pension with the survivor pension at 66-2/3%, 75% or 100%.

If unmarried, a participant will automatically receive a straight-life pension benefit, unless a period certain pension is elected.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS**

MAY 31, 2024 AND 2023

Note 2—Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”). The Accounting Standards Codification (“ASC”) as produced by the Financial Accounting Standards Board (“FASB”) is the sole source of authoritative U.S. GAAP.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan’s investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) present participants or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits under the Plan are based on various rates applicable to each participant’s credited service. Benefits to be provided via annuity contracts are excluded from plan assets and are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits as presented in Note 3 was determined using ASC 960 by Cheiron, the Plan’s actuary at June 1, 2023, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 1, 2023, were:

- Unit credit cost method;
- Life expectancy of participants before retirement and after retirement (the RP 2000 Mortality Table with Blue Collar Adjustment);
- Interest (7% per annum); and
- Retirement age (normal retirement age of 65 and five years of service).

There were no significant changes in assumptions since the previous valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS

MAY 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Employer Contributions Receivable – Contributions receivable are recorded when an employer submits a contribution report for compensation earned during the period. The Plan and management considers all amounts recorded as fully collectible as of May 31, 2024 and 2023.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Administrative expenses of the Plan are paid by the Plan, as defined in the Plan document.

Investment Management Fees and Operating Expenses – Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of investments.

Subsequent Events – Subsequent events for the Plan have been considered through June 2, 2025, which represents the date the financial statements were available to be issued.

Note 3—Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits, as determined by Cheiron for the Plan year beginning June 1, 2023, were as follows:

Actuarial present value of accumulated fund benefits:

Vested benefits:

Retirees and inactive	\$ 12,427,910
Terminated	3,551,220
Active	<u>1,119,606</u>
	17,098,736

Nonvested benefits:

	<u>201,384</u>
Total actuarial present value of accumulated fund benefits	<u><u>\$ 17,300,120</u></u>

Changes in the actuarial present value of accumulated plan benefits from June 1, 2022 to June 1, 2023, consisted of the following:

Actuarial present value of accumulated fund benefits as of June 1, 2022	\$ 17,632,291
Accrual of benefits	55,240
Benefits paid	(1,413,894)
Experience (gain)/losses	(162,994)
Interest accumulated during the year	<u>1,189,477</u>
Actuarial present value of accumulated fund benefits as of June 1, 2023	<u><u>\$ 17,300,120</u></u>

The above information is from the actuarial report prepared as of June 1, 2023. Market value of assets as of June 1, 2023 were \$14,131,937 as calculated by the actuary and the unfunded accrued benefits were \$3,168,183.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS**

MAY 31, 2024 AND 2023

Note 4—Funding policy

The Plan's normal cost, plus interest, is funded currently from contributions. The funding standard account, as stated in the June 1, 2023 actuarial report and as required by the Internal Revenue Code ("IRC"), had an accumulated credit balance of \$1,592,207 and, thus, minimum funding requirements of ERISA have been met.

The Plan is certified by the Plan's actuary to be in safe status for the plan year beginning June 1, 2023. A change in assumptions could adversely impact this projection.

Note 5—Fair value measurement

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

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2024 and 2023.

Cash Equivalents – Valued at cost which approximates fair value and included in level 1.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and included in level 1.

Collective Investment Funds – Valued at NAV based on the units held by the Plan at year end provided by the issuer of the funds. The NAV is used as a practical expedient to estimate fair value and is based on the value of the underlying investment assets owned by the fund, minus its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Purchases and sales may occur daily. Were the Plan to initiate a full redemption of the collective investment, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are currently no redemption restrictions or unfunded commitments on these investments.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS

MAY 31, 2024 AND 2023

Note 5—Fair value measurement (continued)

Real Estate Investment Trust – Valued at NAV per unit held by the respective custodian. NAV is used as a practical expedient to estimate fair value and is based on the value of the underlying investment assets owned by the fund, minus its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Independent appraisals of the underlying real estate which includes the availability of capital, capitalization rates, discount rates, occupancy levels, rental rates, interest and inflation rates, are used as a basis for the valuation. Redemptions are subject to the availability of excess cash with no required notice. There are currently no unfunded commitments on this investment.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of May 31:

2024	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 9,974	\$ -	\$ -	\$ 9,974
Mutual funds	6,094,061	-	-	6,094,061
Total assets in the fair value hierarchy	<u>\$ 6,104,035</u>	<u>\$ -</u>	<u>\$ -</u>	6,104,035
Investments measured at NAV ^(a)				<u>7,885,512</u>
Investments, at fair value				<u>\$ 13,989,547</u>

2023	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 76,091	\$ -	\$ -	\$ 76,091
Mutual funds	7,144,318	-	-	7,144,318
Total assets in the fair value hierarchy	<u>\$ 7,220,409</u>	<u>\$ -</u>	<u>\$ -</u>	7,220,409
Investments measured at NAV ^(a)				<u>6,714,952</u>
Investments, at fair value				<u>\$ 13,935,361</u>

(a) In accordance with FASB guidance, investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to investments at fair value presented in the Statements of Net Assets Available for Benefits.

Note 6—Employer withdrawal liability receivable

Custom Controls, one of the Plan's participating employers entered into bankruptcy in prior years and sold their assets. Their parent company, the Williams Group and the Plan disputed the amount and manner of the withdrawal obligation and entered into arbitration to resolve. The arbitration concluded during August 2021, whereby the Plan and the Williams Group settled on a revised payment schedule requiring 68 quarterly installments of \$64,329 starting October 1, 2021, and extending through 2038.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS**

MAY 31, 2024 AND 2023

Note 6—Employer withdrawal liability receivable (continued)

The Williams Group filed chapter 11 bankruptcy on July 25, 2023, and management determined it was appropriate to assess and record a reserve at May 31, 2023 based on this information. After consultation with legal counsel, and assessment of estimated recovery in the bankruptcy proceedings, the trustees of the Plan established an allowance for doubtful accounts equal to 97% of the value of the recorded receivable based on information available at the date the financial statements are available to be issued. The allowance is to be evaluated on an ongoing basis and is considered to be a significant estimate. During the fiscal year ended May 31, 2024, the Plan received one payment of \$64,329 and is doubtful it will receive any further payments. Accordingly, a full 100% reserve has been applied to the receivable balance.

As of May 31, 2024 and 2023, the withdrawal liability receivable was calculated using a discount rate of 7% and valued at \$2,377,856 and \$ 2,400,182, respectively, and the allowance for doubtful accounts totaled \$2,377,856 and \$2,328,177 as of May 31, 2024 and 2023, respectively.

Note 7—Related party and parties in interest transactions

The Plan has an agreement with a third party for administrative services. Annual fees charged amounted to \$18,000 for both the years ended May 31, 2024 and 2023.

The Plan also has agreements with various third parties for investment management services to assist in the review and evaluation of the investment policies and objectives of the Plan. Total fees paid for the years ended May 31, 2024 and 2023, were \$43,259 and \$53,548, respectively.

Note 8—Income tax status

The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by a letter dated September 29, 2016, that the Plan and related trust, as then designed, was in compliance with the applicable sections of the IRC. The Plan has been amended since receiving this determination letter. However, the Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9—Plan termination

Upon termination of the Plan arising from a joint resolution of employer and employee representatives, participants with vested benefits would share pro rata in the distribution of the assets (after administrative expenses) of any remaining balance. The Pension Benefit Guaranty Corporation ("PBGC") guarantees the payment of all non-forfeitable basic benefits subject to certain limitations prescribed by ERISA.

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
NOTES TO THE FINANCIAL STATEMENTS

MAY 31, 2024 AND 2023

Note 10—Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

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

Note 11—Concentrations

Employer contributions are primarily in the electrical industry in Indiana by three active employers based on applicable hours worked.

Custom Controls made withdrawal liability payments of \$64,329 and \$257,316 during the years ended May 31, 2024 and 2023, respectively, (see Note 6).

SUPPLEMENTAL SCHEDULES

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 35-6244875 PLAN NUMBER: 001

MAY 31, 2024

(a)	(b)	(c)	(d)	(e)
Party in	Identity of Issue, Borrower,	Description of Investment Including		
Interest	Lessor, or Similar Party	Maturity Date, Rate of Interest,	Cost	Current
		Collateral, Par or Maturity Value		Value
		Face Value/ Shares		
Cash Equivalents:				
	Federated Hermes Government Obligation			
	Money Market	9,973.54	\$ 9,974	\$ 9,974
Mutual Funds:				
	DFA International Small Co	24,038.41	427,642	493,989
	PIMCO All Asset Fund Inst	120,047.70	1,414,182	1,332,529
	Vanguard Emerging Market Stock Index ADM	15,327.14	546,793	549,478
	Barid Intermediate Bond	249,985.49	2,581,136	2,542,352
	Credit Suisse Floating Rate High Income I	121,127.79	823,588	770,373
	MFS Emerging Markets Debt Fund R5	34,176.99	487,571	405,339
			6,280,912	6,094,061
Collective Investment Funds:				
	BNYM Mellon AFL CIO SL Fund	268,784.33	3,521,075	4,273,671
	BNYM Mellon DB SL ACWI EX-US Fund	9,201.48	1,400,000	1,585,191
			4,921,075	5,858,862
Real Estate Investment Trust:				
	Prime Property Fund	102.51	763,786	2,026,650
	Total Investments		<u>\$ 10,575,746</u>	<u>\$ 13,989,547</u>

See report of independent auditor.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
 LOCAL UNION NO. 1392 PENSION FUND
 SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
 910006014

REPORTABLE TRANSACTIONS WORKSHEET
 FROM 6/1/23 TO 5/31/24
 IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			8,634,008.23			
COMPARATIVE VALUE (5%)			431,700.41			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 608919718 - FEDERATED HERMES GOVT OBL						
11/07/23 B	1,283,756	1.000	0	1,283,756 *	1,283,756	
ISSUE: 608919718 - FEDERATED HERMES GOVT OBL						
11/08/23 S	1,082,919	1.000	0	1,082,919 *	1,082,919	0
ISSUE: 922908645 - VANGUARD MID CAP INDEX-ADM						
11/06/23 S	2,542	255.420	0	649,165 *	310,899	338,266
ISSUE: 922908686 - VANGUARD SMALL-CAP INDEX-ADM						
11/06/23 S	7,150	88.750	0	634,591 *	257,432	377,159
GRAND TOTAL			0	3,650,431	2,935,006	715,425

See report of independent auditor.
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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 35-6244875 PLAN NUMBER: 001

MAY 31, 2024

(a)	(b)	(c)	(d)	(e)
Party in	Identity of Issue, Borrower,	Description of Investment Including		
Interest	Lessor, or Similar Party	Maturity Date, Rate of Interest,	Cost	Current
		Collateral, Par or Maturity Value		Value
		Face Value/ Shares		
	Cash Equivalents:			
	Federated Hermes Government Obligation			
	Money Market	9,973.54	\$ 9,974	\$ 9,974
	Mutual Funds:			
	DFA International Small Co	24,038.41	427,642	493,989
	PIMCO All Asset Fund Inst	120,047.70	1,414,182	1,332,529
	Vanguard Emerging Market Stock Index ADM	15,327.14	546,793	549,478
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	MFS Emerging Markets Debt Fund R5	34,176.99	487,571	405,339
			6,280,912	6,094,061
	Collective Investment Funds:			
	BNYM Mellon AFL CIO SL Fund	268,784.33	3,521,075	4,273,671
	BNYM Mellon DB SL ACWI EX-US Fund	9,201.48	1,400,000	1,585,191
			4,921,075	5,858,862
	Real Estate Investment Trust:			
	Prime Property Fund	102.51	763,786	2,026,650
	Total Investments		\$ 10,575,746	\$ 13,989,547

See report of independent auditor.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
 LOCAL UNION NO. 1392 PENSION FUND
 SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
 910006014

REPORTABLE TRANSACTIONS WORKSHEET
 FROM 6/1/23 TO 5/31/24
 IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			8,634,008.23			
COMPARATIVE VALUE (5%)			431,700.41			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 608919718 - FEDERATED HERMES GOVT OBL						
11/07/23 B	1,283,756	1.000	0	1,283,756 *	1,283,756	
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11/06/23 S	2,542	255.420	0	649,165 *	310,899	338,266
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11/06/23 S	7,150	88.750	0	634,591 *	257,432	377,159
GRAND TOTAL			0	3,650,431	2,935,006	715,425

See report of independent auditor.
 14

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 1392 PENSION FUND
SCHEDULE OF REPORTABLE TRANSACTIONS

MAY 31, 2024



ACCOUNT NUMBER
910006014

REPORTABLE TRANSACTIONS WORKSHEET
FROM 6/1/23 TO 5/31/24
IBEW LOCAL 1392 PENSION

DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 06/01/2023 and ending 05/31/2024

▶ **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 International Brotherhood of Electrical Workers Local No. 1392 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 International Bro Local No. 1392	D Employer Identification Number (EIN) 35-6244875

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 6 Day 1 Year 2023**b** Assets

(1) Current value of assets	1b(1)	14,131,937
(2) Actuarial value of assets for funding standard account	1b(2)	15,068,791
c (1) Accrued liability for plan using immediate gain methods	1c(1)	17,300,120
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	17,300,120
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)	29,484,763
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	129,808
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,510,132
(3) Expected plan disbursements for the plan year	1d(3)	1,696,681

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**

Signature of actuary

BRETT WARREN

Type or print name of actuary

CHEIRON, Inc.

Firm name

701 EAST GATE DRIVE, SUITE 330

MOUNT LAUREL

NJ 08054

Address of the firm

3/12/25

Date

23-08320

Most recent enrollment number

(703) 893-1456

Telephone number (including area code)

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	14,131,937
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	175	19,126,109
(2) For terminated vested participants	144	7,534,467
(3) For active participants:		
(a) Non-vested benefits		367,515
(b) Vested benefits		2,456,672
(c) Total active	31	2,824,187
(4) Total	350	29,484,763
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.93 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/01/2023	235,061				
Totals ▶			3(b)	235,061	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 64,329

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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	2.80 %
	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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-1.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	164,345
(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	98,548	10,112

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	213,897

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)	5,995,430	824,381
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 72,679**e** Total charges. Add lines 9a through 9d..... **9e** 1,110,957**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 1,985,117**g** Employer contributions. Total from column (b) of line 3..... **9g** 235,061

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	1,778,984	365,258

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 172,753**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)..... **9j(1)** 5,742,901**(2)** "RPA '94" override (90% current liability FFL) **9j(2)** 11,637,739**(3)** FFL credit **9j(3)** 0**k (1)** Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 2,758,189**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 1,647,232**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year **9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date **9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))..... **9o(2)(b)** 0**(3)** Total as of valuation date **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

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

DISTRIBUTION OF ACTIVE MEMBERS BY AGE AND SERVICE AS OF JUNE 1, 2022									
COUNTS BY AGE/SERVICE									
Age	Credited Service								
Under 25	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Total	0	0	0	0	0	0	0	0	0
Under 25	0	0	1	0	0	0	0	0	0
25 to 29	0	0	1	2	0	0	0	0	0
30 to 34	0	1	1	2	0	0	0	0	0
35 to 39	0	0	2	1	2	0	0	0	0
40 to 44	0	0	0	1	2	0	0	0	0
45 to 49	0	1	0	0	0	0	2	0	0
50 to 54	0	0	1	1	0	0	1	0	0
55 to 59	0	2	0	0	1	1	0	0	0
60 to 64	0	2	0	0	0	1	2	0	0
65 to 69	0	0	0	0	1	0	0	1	0
70 & up	0	1	0	0	0	0	0	0	0
Total	0	7	5	5	4	2	2	5	0

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

1. The RPA '94 current liability interest rate was changed from 2.23% to 2.80% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the 2022 Static Mortality Table to the 2023 Static Mortality Table to comply with appropriate guidance.
3. The administrative expense assumption increased from \$165,000 to \$170,000 payable at the middle of the plan year to reflect plan experience.

Schedule MB, line 6 — Summary of Plan Provisions

A. Effective Date of Plan:

June 1, 1970.

B. Participation:

The date on which a participating employer first makes a contribution on behalf of an employee.

C. Plan Year:

The twelve-month period ending May 31st.

D. Service:

Past Service	Future Service
Each full year in which dues were paid to the Local 1760 Union up to June 1, 1970. The maximum number of years allowed is 18 years.	After June 1, 1997
1/10 year for each full 170 hours with no maximum.	
After June 1, 1976 prior to June 1, 1997	Less than 1,000 hours – 1 credit year
1,000 or more hours – No credit	
	Prior to June 1, 1976
	1,800 or more hours -
	100% credited year
	1,620 - 1,799 hours -
	90% credited year
	1,440 - 1,619 hours-
	80% credited year
	1,260 - 1,439 hours-
	70% credited year
	1,080 - 1,259 hours-
	60% credited year
	No credit
	Less than 1,080 hours-

E. Vesting Service:

1,000 or more hours of service.

F. Accrued Benefit:

Past service benefit:
 \$2.19 multiplied by the number of past service years.

Future service benefit: A + B + C, where

A. For service prior to June 1, 1997,
 Employer contributions*4.24%

B. For service from June 1, 1997 to May 31, 2005,

\$27*Future Service (South Bend employees)
 \$34*Future Service (Other than South Bend employees) for employees who terminated prior to June 1, 2016
 \$37*Future Service (Other than South Bend employees) for employees who terminated after June 1, 2016

C. For service after June 1, 2005

For employers contributing at the highest contribution rate:
 \$34*Future Service for employees who terminated prior to June 1, 2016
 \$37*Future Service (Other than South Bend employees) for employees who terminated after June 1, 2016
 For Employers contributing at a rate lower than the highest contribution rate, it is the intention of the Board of Trustees to maintain benefit accrual rates that are uniformly prorated:
 (Lower Rate/Highest Rate)*\$34*Future Service
 \$13.40 effective June 1, 2012
 \$15.48 effective June 1, 2014

G. Pension Benefit at Normal Retirement:

Age Requirement	65
Service Requirement	5 years of Vesting Service.
Benefit	Accrued Benefit.

H. Pension Benefit at Early Retirement:

Age Requirement	60
Service Requirement	10 years of Vesting Service.
Benefit	Accrued Benefit multiplied by the participant's vesting percentage reduced by 6-2/3% for each year prior to age 65. There is no reduction for participants who retire at age 62 with 30 years of Vesting Service.

J. Pre-retirement Death Benefit:

50% Spouse Benefit	
Age Requirement	35
Service Requirement	5 years of Vesting Service.
Other Requirement	Married
Pension Amount	50% of the accrued benefit the participant would have received had the participant lived until the first day of eligibility for retirement, retired on the first date of retirement eligibility and elected the 50% Joint and Survivor Benefit.

I. Deferred Vested Benefit:

Age Requirement	None.
Service Requirement	5 years of Vesting Service.
Benefit	Accrued Benefit at termination payable at age 65.

K. Benefit Form:

Rates for all Employers except Curtis Wright:

50% Joint and Survivor Benefit	Effective 1/1/1997	\$0.48 per hour
66-2/3% Joint and Survivor Benefit	Effective 1/1/1998	\$0.49
100% Joint and Survivor Benefit	Effective 2/1/1999	\$0.52
Straight Life	Effective 2/1/2000	\$0.55
Life and 5-year period certain	Effective 2/1/2001	\$0.58
Life and 10-year period certain	Effective 1/1/2002	\$0.59
	Effective 1/1/2003	\$0.60
	Effective 1/1/2004	\$0.61
	Effective 1/1/2005	\$0.62
	Effective 12/1/2005	\$0.64
	Effective 12/1/2006	\$0.66
	Effective 12/1/2007	\$0.72
	Effective 12/1/2008	\$0.78
	Effective 12/1/2009	\$0.84
	Effective 12/1/2010	\$0.94
	Effective 12/1/2011	\$1.04
	Effective 12/1/2012	\$1.14
	Effective 12/1/2013	\$1.34
	Effective 12/1/2014	\$1.54
	Effective 12/1/2015	\$1.74
	Effective 12/1/2016	\$1.94
	Effective 12/1/2017	\$2.14
	Effective 12/1/2018	\$2.34
	Effective 8/1/2020	\$2.44

L. Post-retirement Death Benefit:

Benefits payable on death after retirement are governed by the form of payment elected at retirement.

M. Contribution Rates:

Curtis Wright/(South Bend) Rates		
Effective 8/1/1997	\$0.39 per hour	
Effective 8/1/1998	\$0.40	
Effective 8/1/1999	\$0.41	
Effective 9/1/2012	\$0.51	
Effective 9/1/2013	\$0.61	
Effective 9/1/2014	\$0.71	
Curtis Wright had withdrawn from the Plan in the plan year ending May 31, 2015.		

N.

Changes since Last Valuation

None

Schedule MB, line 6 — Statement of Actuarial Assumptions
and Methods

Actuarial Basis

A. Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit actuarial cost method, the normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each participant as of each valuation date, represents the Actuarial Present Value of the participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

B. Actuarial Value of Assets:

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized returns are equal to the asset gain or loss on a market value basis, and are recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

C. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

- The "special amortization rule" which allows the Plan to amortize the plan's asset loss for the plan year ending June 30, 2009, over 29 years instead of 15 years.
- The "special asset valuation rule" in determining the Actuarial Value Of Assets which allows the Plan to recognize the 2009 investment loss over 10 years, at 10% per year.

D. Combined Amortization Credits

The Trustees elected to combine the amortization credits on June 1, 2023. The amortization period was determined under Section §431(b)(5) of the Code.

E. Changes in Methods Since Last Valuation

The Trustees elected to combine the amortization credits on June 1, 2023. The amortization period was determined under Section §431(b)(5) of the Code.

A. Valuation Date June 1, 2023

B. Investment Return

Funding & ASC 960	7.00% per annum net of all expenses
RPA 94 Current	2.80%
Liability	

C. Mortality

Funding & ASC 960	RP 2000 Mortality Table with Blue Collar Adjustment. Mortality has been projected from 2000 to 2005 using Scale AA..
RPA 94 Current	2023 Static Mortality Table
Liability	
Future Mortality	No future mortality improvements are projected. We will continue to monitor mortality experience to determine if improvements will be included in future years

D. Termination

Separation rates at sample ages are shown below.

Age	Rate
20	6.58%
30	4.83%
40	3.84%
50	1.52%
60	0.00%

E. Retirement

Age	Less than 30 Years of Service	30 or More Years of Service
60	.5%	.5%
61	.5%	.5%
62	50%	100%
63	25%	100%
64	25%	100%
65	100%	100%

F. Percent Married

100%

G. Age of Spouse

Males are assumed to be three years older than their spouses.

H. Administrative Expenses

K. Changes since Prior Valuation

- The RPA '94 current liability interest rate was changed from 2.23% to 2.80% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the 2022 Static Mortality Table to the 2023 Static Mortality Table to comply with appropriate guidance.
- The administrative expense assumption increased from \$165,000 to \$170,000 payable at the middle of the plan year to reflect plan experience.

I. Disclosures regarding Models Used:

Chiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. The model is also used to stress test the impact of volatile asset returns and membership changes over the projection period. While the assumptions individually are reasonable for the underlying report that supports the projections, specifically for projection purposes, they are also considered reasonable in the aggregate.

J. Rationale for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.00% discount rate is based on Trustees' risk preference, Plan's current asset allocation, and the investment manager's capital market outlook.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report are based on the actuary's best estimate of future experience. The demographic assumptions will be reviewed each year and compared against actual experience.

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

SCHEDULE OF AMORTIZATION CHARGES REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION						
AS OF JUNE 1, 2023						
Type of Base	Date	Initial Amount	Initial Amortization Years	Outstanding Balance 6/1/2023	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	6/1/1995	\$ 23,731	30.00	\$ 3,457	2.00	\$ 1,787
2. Plan amendment	6/1/1996	458,296	30.00	96,925	3.00	34,517
3. Assumption change	6/1/1996	200,865	30.00	42,480	3.00	15,128
4. Assumption change	6/1/1998	669,140	30.00	221,099	5.00	50,396
5. Assumption change	6/1/2000	474,205	30.00	205,950	7.00	35,715
6. Plan amendment	6/1/2002	436,473	30.00	229,167	9.00	32,873
7. Assumption change	6/1/2007	127,441	30.00	89,821	14.00	9,598
8. Recognized Portion of the 2008 ENIL	6/1/2009	906,666	29.00	672,578	15.00	69,016
9. Assumption change	6/1/2009	297,110	15.00	30,485	1.00	30,485
10. Recognized Portion of the 2008 ENIL	6/1/2010	326,393	28.00	244,928	15.00	25,133
11. Recognized Portion of the 2008 ENIL	6/1/2011	254,090	27.00	193,063	15.00	19,811
12. Recognized Portion of the 2008 ENIL	6/1/2012	480,651	26.00	370,194	15.00	37,985
13. 2011 Bifurcation Base	6/1/2012	190,234	15.00	70,751	4.00	19,520
14. Assumption change	6/1/2012	202,816	15.00	75,430	4.00	20,811
15. Recognized Portion of the 2008 ENIL	6/1/2013	584,800	25.00	457,053	15.00	46,899
16. Recognized Portion of the 2008 ENIL	6/1/2014	595,663	24.00	473,017	15.00	48,538
17. Actuarial loss	6/1/2016	532,656	15.00	349,216	8.00	54,657
18. Plan amendment	6/1/2016	225,996	15.00	148,164	8.00	23,190
19. Actuarial loss	6/1/2017	326,767	15.00	233,749	9.00	33,530
20. Actuarial loss	6/1/2018	580,904	15.00	447,963	10.00	59,608
21. Actuarial loss	6/1/2019	454,005	15.00	373,790	11.00	46,586
22. Actuarial loss	6/1/2020	612,610	15.00	534,235	12.00	62,861
23. Actuarial loss	6/1/2022	347,183	15.00	333,367	14.00	35,625
24. Actuarial loss	6/1/2023	98,548	15.00	98,548	15.00	10,112
TOTAL CHARGES		\$ 9,407,243		\$ 5,995,430		\$ 824,381

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

SCHEDULE OF AMORTIZATION CREDITS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION							
AS OF JUNE 1, 2023							
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount	
1. Plan amendment	6/1/1997	\$ 55,064	30.00	\$ 15,029	4.00	\$ 4,147	
2. Assumption change	6/1/2004	574,189	30.00	346,980	11.00	43,245	
3. 2008 Bifurcation Base	6/1/2009	419,931	15.00	43,087	1.00	43,087	
4. 2009 Bifurcation Base	6/1/2010	289,420	15.00	57,457	2.00	29,698	
5. 2010 Bifurcation Base	6/1/2011	730,710	15.00	210,554	3.00	74,979	
6. 2012 Bifurcation Base	6/1/2013	288,502	15.00	129,873	5.00	29,604	
7. 2013 Bifurcation Base	6/1/2014	664,754	15.00	347,889	6.00	68,212	
8. Actuarial gain	6/1/2015	56,171	15.00	33,235	7.00	5,764	
9. Actuarial gain	6/1/2021	648,284	15.00	594,880	13.00	66,522	
TOTAL CREDITS		\$ 3,727,025		\$ 1,778,984		\$ 365,258	
CREDITS (After Combining)							
1. Combined Credits	6/1/2023	\$ 1,778,984	5.67	\$ 1,778,984	5.67*	\$ 365,258	
NET CHARGE				\$ 4,216,446		\$ 459,123	

*The Trustees elected to combine the amortization credits on June 1, 2023, as shown in the table above. The amortization period was determined under Section §431(b)(5) of the Code.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
International Brotherhood of Electrical Workers Local 1392
EIN 35-6244875, Plan No. 001

Schedule MB, Line 3 — Withdrawal Liability Amounts

The Williams Group (WISG), the parent company of Koonitz-Wagner Custom Controls, filed for bankruptcy on July 22, 2023. The Plan was receiving quarterly Withdrawal Liability payments totaling \$257,316 annually which were expected to continue through July 1, 2038. The last quarterly payment of \$64,329 was received in July 2023. It is unknown at this time how much the Fund may recover from the WISG bankruptcy.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
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;
	☒ special extension (enter description) Disaster Relief KY-2025-02	☐ the DFVC program;
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 International Brotherhood of Electrical Workers Local No. 1392 Pension Fund	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	06/01/1970
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) International Brotherhood of Electrical Wkrs Local No 1392 6525 Centurion Drive US Lansing MI 48917	2b Employer Identification Number (EIN) 35-6244875 2c Plan Sponsor's telephone number (219) 769-6944 2d Business code (see instructions) 335900	

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		6/12/25	Corey Noland
	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