

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] 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: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 134
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): IBEW LOCAL UNION NO. 134
2b Employer Identification Number (EIN): 36-1264170
2c Plan Sponsor's telephone number: 312-454-1340
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 07/09/2025, DONALD FINN; 2. Filed with authorized/valid electronic signature, 07/09/2025, JOHN GEOGHEGAN; 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 115 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 17  |
|   | <b>6a(2)</b>                               | 15  |
|   | <b>6b</b>                                  | 65  |
|   | <b>6c</b>                                  | 13  |
|   | <b>6d</b>                                  | 93  |
|   | <b>6e</b>                                  | 16  |
|   | <b>6f</b>                                  | 109 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 134</u>                | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>IBEW LOCAL UNION NO. 134</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>36-1264170</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>26383688</u>           |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>27351271</u>           |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>88</u>                  | <u>19719948</u>           | <u>19719948</u>          |
| <b>b</b> For terminated vested participants .....   | <u>12</u>                  | <u>1644081</u>            | <u>1644081</u>           |
| <b>c</b> For active participants .....  | <u>17</u>                  | <u>2121135</u>            | <u>2281527</u>           |
| <b>d</b> Total .....  | <u>117</u>                 | <u>23485164</u>           | <u>23645556</u>          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <u>5.09 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>185538</u>             |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>50170</u>              |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>235708</u>             |                          |

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

|   |  |
|---|--|
| <b>SIGN HERE</b><br><br>Signature of actuary<br><br><u>DANIEL COLBY</u><br>Type or print name of actuary<br><br><u>MILLIMAN, INC.</u><br>Firm name<br><br><u>71 S. WACKER DRIVE, SUITE 3100</u><br><u>CHICAGO, IL 60606-4637</u><br><br>Address of the firm | <u>06/06/2025</u><br>Date<br><br><u>23-07115</u><br>Most recent enrollment number<br><br><u>312-726-0677</u><br>Telephone number (including area code) |
|---|--|

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 1186978                |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 1186978                |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>11.68</u> % .....  | 0                     | 138639                 |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 484585                 |
| <b>b(1)</b>  | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % ..... |                       | 25247                  |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       |                        |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 509832                 |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       |                        |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  |                       |                        |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 1325617                |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 110.06 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 110.06 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 109.38 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |   |  |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|---|--|
| (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 |   |  |
|   |                                |  |                       |                                |                              |   |  |
|   |                                |  |                       |                                |                              |   |  |
|   |                                |  |                       |                                |                              |   |  |
|   |                                |  |                       |                                |                              |   |  |
|   |                                |  |                       |                                |                              |   |  |
|   |                                |  |                       |                                |                              |   |  |
| <b>Totals ▶</b>                                       |                                |  | <b>18(b)</b>          | 0                              | <b>18(c)</b>                 | 0 |  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |  |
|---|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> |  |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

|                         |                        |                        |                        |   |
|-------------------------|------------------------|------------------------|------------------------|---|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....   | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

|  |            |        |
|--|------------|--------|
| <b>a</b> Target normal cost (line 6c) .....                                | <b>31a</b> | 235708 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 235708 |

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... |                     |             |
| <b>b</b> Waiver amortization installment .....        |                     |             |

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

|   |                   |                    |
|---|-------------------|--------------------|
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....         | <b>34</b>         | 0                  |
|   | Carryover balance | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....  | 0                 | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....   | <b>36</b>         | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... | <b>37</b>         |                    |

**38** Present value of excess contributions for current year (see instructions)

|   |            |   |
|---|------------|---|
| <b>a</b> Total (excess, if any, of line 37 over line 36)  | <b>38a</b> | 0 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... | <b>38b</b> | 0 |

|   |           |   |
|---|-----------|---|
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... | <b>39</b> | 0 |
| <b>40</b> Unpaid minimum required contributions for all years .....   | <b>40</b> | 0 |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021



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

FIDELITY MANAGEMENT AND RESEARCH CO

245 SUMMER STREET  
BOSTON, MA 02210

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

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

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

MILLIMAN

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11                     | NONE  | 20435  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMALGAMATED BANK

36-0721895

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 50 62               | NONE  | 14097  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGAL MARCO ADVISORS

13-2646110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | NONE  | 12000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LEGACY PROFESSIONALS LLP

32-0043599

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 9500   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 134</u> | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION NO. 134</u>                    | <b>D</b> Employer Identification Number (EIN)<br><u>36-1264170</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>     |                               |  |
| <b>c</b> EIN-PN <u>52-6218800-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3986314</u> |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |  |            |
|--|--|--|------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>                   |  |  |            |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 134</b> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>001</b></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>B</b> Three-digit plan number (PN) ▶  | <b>001</b>   |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>IBEW LOCAL UNION NO. 134</b>                           | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN)<br/><b>36-1264170</b></td> </tr> </table>                                | <b>D</b> Employer Identification Number (EIN)<br><b>36-1264170</b> |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>36-1264170</b>   |  |  |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          | 467117          |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 3986314         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 23221622        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 26386685              | 27675053        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 2997                  | 3875            |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 2997                  | 3875            |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 26383688              | 27671178        |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 12730      |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 12730     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 417359     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 417359    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | -154141   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2865726   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 3273      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 3144947   |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 1779534 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 1779534 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 9500    |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 12000   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 14097   |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 20435   |         |
| (8) Legal fees .....  | <b>2i(8)</b>  | 1536    |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 20355   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 77923   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 1857457 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1287490 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560698.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 134</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION NO. 134</u>                           | <b>D</b> Employer Identification Number (EIN)<br><u>36-1264170</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |   |
|---|---|
| 3 | 0 |
|---|---|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**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): \_\_\_\_\_

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 \_\_\_\_\_.

**Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134**

Financial Statements

December 31, 2024

**Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134**

Financial Statements with Supplementary Information

December 31, 2024 and 2023

**Contents**

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## **Report of Independent Auditors**

To the Participants and Trustees of  
Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134

### **Opinion**

We have audited the financial statements of Retirement Plan for Employees of International Brotherhood of Electrical Workers, Local 134 (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 December 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 Retirement Plan for Employees of International Brotherhood of Electrical Workers, Local 134 as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' 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.

### ***Responsibilities of Management for the Financial Statements (continued)***

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 within one year after the date that the financial statements are available to be issued.

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

### ***Auditors' 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 auditors' 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 GAAS 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 GAAS, 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; and
- 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.

***Auditors' Responsibilities for the Audit of the Financial Statements (continued)***

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

*Legacy Professionals LLP*

Westchester, Illinois

June 26, 2025

**Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134**

**Statements of Net Assets Available for Benefits**

December 31, 2024 and 2023

|                                   | <u>2024</u>          | <u>2023</u>          |
|-----------------------------------|----------------------|----------------------|
| <b>Assets</b>                     |                      |                      |
| Investments - at fair value       |                      |                      |
| Mutual funds                      | \$ 22,659,494        | \$ 21,240,696        |
| Multi-Employer Property Trust     | 3,986,314            | 4,140,455            |
| AFL-CIO Housing Investment Trust  | <u>1,029,245</u>     | <u>1,005,534</u>     |
| Total assets                      | 27,675,053           | 26,386,685           |
| <b>Liabilities and Net Assets</b> |                      |                      |
| Liabilities                       |                      |                      |
| Accounts payable                  | <u>3,875</u>         | <u>2,997</u>         |
| Net assets available for benefits | <u>\$ 27,671,178</u> | <u>\$ 26,383,688</u> |

See accompanying notes to financial statements.

**Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended December 31, 2024 and 2023

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| <b>Additions</b>                                 |                      |                      |
| Investment income                                |                      |                      |
| Net appreciation in fair value<br>of investments | \$ 2,711,585         | \$ 2,424,997         |
| Interest and dividends                           | 430,089              | 423,793              |
|  | <u>3,141,674</u>     | <u>2,848,790</u>     |
| Less investment fees                             | (26,097)             | (23,715)             |
| Investment income - net                          | 3,115,577            | 2,825,075            |
| Employer contributions                           | -                    | 500,000              |
| Miscellaneous income                             | 3,273                | -                    |
| Total additions                                  | <u>3,118,850</u>     | <u>3,325,075</u>     |
| <b>Deductions</b>                                |                      |                      |
| Pension benefits                                 | 1,779,534            | 1,788,664            |
| Administrative and professional fees             |                      |                      |
| Actuarial fees                                   | 20,435               | 21,294               |
| Audit fees                                       | 9,500                | 9,000                |
| Insurance  | 8,740                | 8,740                |
| Legal fees                                       | 1,536                | -                    |
| Plan termination insurance                       | 11,615               | 11,136               |
| Total deductions                                 | <u>1,831,360</u>     | <u>1,838,834</u>     |
| <b>Net increase</b>                              | 1,287,490            | 1,486,241            |
| <b>Net assets available for benefits</b>         |                      |                      |
| Beginning of year                                | <u>26,383,688</u>    | <u>24,897,447</u>    |
| End of year                                      | <u>\$ 27,671,178</u> | <u>\$ 26,383,688</u> |

See accompanying notes to financial statements.

**Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134**

**Notes to Financial Statements**

December 31, 2024 and 2023

**Note 1. Summary of Significant Accounting Policies**

**Method of Accounting** - The accompanying financial statements of Retirement Plan for Employees of International Brotherhood of Electrical Workers, Local 134 (the Plan) have been prepared using the accrual basis of accounting.

**Investments** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

**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 service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Expenses** - The Plan's expenses are paid either by the Plan or the Local, as provided by the Plan document. Expenses that are paid directly by the Local are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through June 26, 2025, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan was established as a defined benefit pension plan covering certain salaried employees of Local Union No. 134 International Brotherhood of Electrical Workers (the Local) who have completed 1,000 hours of employment during the 12-month period following their date of employment or during any calendar year subsequent to employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Upon the later of reaching age 65 or completing five years of service, employees are entitled to monthly pension benefits on a single life basis, equal to 45% of their final average monthly compensation, adjusted for greater or less than 18 years of service. The Plan also provides for deferred vested and early retirement benefits.

Active employees who become totally disabled at any age, after completion of ten or more years of service, become eligible for a monthly pension on a single life basis commencing as of their normal retirement date, equal to their accrued benefit at disability retirement.

If the participant dies while employed, or while on pension, and has met the eligibility requirements for retirement, a surviving spouse will receive for ten years, the amount that would have been payable if the participant had retired on the day preceding death. After ten years, the survivor will receive 50% of the accrued benefit, with certain adjustments.

Effective May 1, 2012, the Plan was amended to freeze all benefit accruals and participation for employees of the Local after April 30, 2012.

Participants should refer to the summary plan description for more complete information.

## **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

#### **Note 4. Tax Status**

The Internal Revenue Service has advised that the Plan qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan obtained its latest determination letter on August 13, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan sponsor and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

#### **Note 5. Funding Policy**

The Local makes contributions to the Plan as necessary on an actuarial basis to provide the Plan with assets sufficient to meet benefits to be paid to the Plan participants.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met through January 1, 2024.

#### **Note 6. Actuarial Information**

An actuarial valuation of the Plan was made by Milliman as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|   |                  |
|---|------------------|
| Participants currently receiving benefits | \$ 17,683,576    |
| Other participants                        | <u>3,210,112</u> |
| Total vested benefits                     | 20,893,688       |

|                    |                |
|--------------------|----------------|
| Nonvested benefits | <u>133,956</u> |
|--------------------|----------------|

|  |                             |
|--|-----------------------------|
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 21,027,644</u></u> |
|--|-----------------------------|

**Note 6. Actuarial Information (continued)**

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 included the following:

|   |                      |
|---|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 21,294,427        |
| Increase (decrease) during the year attributable to:                      |                      |
| Accumulation of benefits including experience losses                      | 194,960              |
| Benefits paid   | (1,788,664)          |
| Change in discount period   | <u>1,326,921</u>     |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 21,027,644</u> |

The actuarial valuation was made using the unit credit method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality:
  - Healthy:  
Pri-2012 total dataset employee amount-weighted mortality tables with mortality improvement Scale MP-2021 for males and females
  - Disabled:  
Pri-2012 total dataset disabled amount-weighted mortality with mortality improvement Scale MP-2021 for males and females

- Retirement:

| <u>Age</u>    | <u>Retirement Rate</u> |
|---------------|------------------------|
| 61 and before | 0%                     |
| 62 - 69       | 50%                    |
| 70 and after  | 100%                   |

- Investment rate of return:  
6.5% per year, including a reduction of 0.5% to reflect anticipated administrative expenses associated with providing benefits

## **Note 6. Actuarial Information (continued)**

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

Since information on the accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

On August 17, 2006, the Pension Protection Act (the PPA) was signed into law. Included in its many provisions are numerous revisions surrounding new funding rules for defined benefit plans that may significantly increase required contributions for underfunded plans. The PPA establishes minimum funding standards and limits benefit increases and accruals for underfunded plans. Plans with a funding percentage below 80 percent will be required to implement certain benefit limitations such as restricting lump sum payments and restricting the Plan from amending to enhance benefits. Further limitations such as freezing the accrual of all future benefits will be required for Plan's that are underfunded by more than 60 percent until such time as the percentage increases above 60 percent. Additionally, pursuant to the PPA, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the Adjusted Funding Target Attainment Percentage (AFTAP), which is one way of measuring the funded status of a Plan using actuarial assumptions mandated by the IRS. The actuary has determined that the AFTAP for the Plan was 115.67% as of January 1, 2024.

## **Note 7. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

### Basis of Fair Value Measurement

|         |   |
|---------|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities                              |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable   |

**Note 7. Fair Value Measurements (continued)**

The following tables set forth, by level within the fair value hierarchy, the Plan’s investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

|  |                      | <u>Fair Value Measurements at 12/31/24 Using</u> |             |              |
|--|----------------------|--|-------------|--------------|
|  |                      | Quoted Prices                                    |             |              |
|  |                      | in Active  | Significant | Significant  |
|  |                      | Markets for                                      | Other       | Unobservable |
|  |                      | Identical  | Observable  | Inputs       |
|  |                      | Assets   | Inputs      | Inputs       |
|  |                      | (Level 1)  | (Level 2)   | (Level 3)    |
| <u>Total</u>                             |                      |  |             |              |
| Mutual funds                             | \$ 22,659,494        | <u>\$ 22,659,494</u>                             | <u>\$ -</u> | <u>\$ -</u>  |
| Investments measured at net asset value: |                      |  |             |              |
| Multi-Employer Property Trust            | 3,986,314            |  |             |              |
| AFL-CIO Housing Investment Trust         | <u>1,029,245</u>     |  |             |              |
| Total                                    | <u>\$ 27,675,053</u> |  |             |              |

|  |                      | <u>Fair Value Measurements at 12/31/23 Using</u> |             |              |
|--|----------------------|--|-------------|--------------|
|  |                      | Quoted Prices                                    |             |              |
|  |                      | in Active  | Significant | Significant  |
|  |                      | Markets for                                      | Other       | Unobservable |
|  |                      | Identical  | Observable  | Inputs       |
|  |                      | Assets   | Inputs      | Inputs       |
|  |                      | (Level 1)  | (Level 2)   | (Level 3)    |
| <u>Total</u>                             |                      |  |             |              |
| Mutual funds                             | \$ 21,240,696        | <u>\$ 21,240,696</u>                             | <u>\$ -</u> | <u>\$ -</u>  |
| Investments measured at net asset value: |                      |  |             |              |
| Multi-Employer Property Trust            | 4,140,455            |  |             |              |
| AFL-CIO Housing Investment Trust         | <u>1,005,534</u>     |  |             |              |
| Total                                    | <u>\$ 26,386,685</u> |  |             |              |

## **Note 7. Fair Value Measurements (continued)**

### Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

### Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The Multi-Employer Property Trust is a direct filing entity (DFE) and files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available quarterly with 45 days notice, subject to the availability of cash for distribution.

The underlying assets of the AFL-CIO Housing Investment Trust consist primarily of multifamily and single family mortgage-backed securities. Redemptions are available monthly with 15 days notice.

## **Note 8. Risks and Uncertainties**

Plan contributions are made and 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 possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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 these changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

**Note 8. Risks and Uncertainties (continued)**

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed. The Plan holds certain alternative investments in which the general partner or investment manager is required to value the underlying investments at estimated fair values using various subjective techniques. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the underlying investments within the fund would sell, and the amounts could be material.

**Note 9. Concentration of Plan Investments**

At December 31, 2024 and 2023, the Plan held one investment fund with a fair value of \$12,127,199 and \$11,447,816 respectively. This investment accounted for approximately 44% and 43% of net assets available for benefits at December 31, 2024 and 2023, respectively. The investment is a mutual fund with underlying assets consisting primarily of marketable equity securities. If a significant decline in the fair value of this investment during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of  
Retirement Plan for Employees of  
International Brotherhood of  
Electrical Workers, Local 134

We have audited the financial statements of Retirement Plan for Employees of International Brotherhood of Electrical Workers, Local 134 (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated June 26, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

June 26, 2025

| SCHEDULE H                   |  | OTHER INCOME | STATEMENT 1 |
|------------------------------|--|--------------|-------------|
| DESCRIPTION                  |  |              | AMOUNT      |
| MISCELLANEOUS                |  |              | 3,273.      |
| TOTAL TO SCHEDULE H, LINE 2C |  |              | 3,273.      |

| SCHEDULE H                       |  | OTHER ADMINISTRATIVE EXPENSES | STATEMENT 2 |
|----------------------------------|--|-------------------------------|-------------|
| DESCRIPTION                      |  |                               | AMOUNT      |
| INSURANCE                        |  |                               | 8,740.      |
| PLAN TERMINATION INSURANCE       |  |                               | 11,615.     |
| TOTAL TO SCHEDULE H, LINE 2I(11) |  |                               | 20,355.     |



**TRADE DATE - INCOME ACCRUALS** Page 36

Statement Period  
Account Number

01/01/24 through 12/31/24

INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS LOCAL 134  
STAFF PENSION PLAN  
ADMINISTRATIVE ACCOUNT

**Preliminary Schedule Of Reportable Transactions**

PLAN NUMBER:

EIN NUMBER: 36-1264170

| DESCRIPTION   | PURCH/SELL PRICE<br>EXPENSE INCURRED | COST OF ASSET       | VALUE OF ASSET<br>ON TXN DATE | NET GAIN<br>OR LOSS |
|---|--------------------------------------|---------------------|-------------------------------|---------------------|
| <b>BEGINNING MARKET VALUE:</b>  | <b>17,136,203.63</b>                 |                     |                               |                     |
| <b>SECURITY TRANSACTIONS EXCEEDING 5%:</b>  |                                      |                     |                               |                     |
| <b>SHORT TERM INVESTMENTS</b>   |                                      |                     |                               |                     |
| CUSIP # 38141W273<br>GOLDMAN FINANCIAL SQUARE GOVT-A<br>FD# 465 (AMALFGOV) MASTER<br>#2839100 4.47% |                                      |                     |                               |                     |
| TOTAL ACTIVITY FROM 01/01/24<br>TO 12/31/24   |                                      |                     |                               |                     |
| DEPOSIT   | 1,915,513.01                         | 1,915,513.01        | 1,915,513.01                  |                     |
| WITHDRAWAL  | 1,757,009.78                         | 1,757,009.78        | 1,757,009.78                  |                     |
| <b>TOTAL</b>  | <b>3,672,522.79</b>                  | <b>3,672,522.79</b> | <b>3,672,522.79</b>           |                     |
| <b>TOTAL SHORT TERM INVESTMENTS</b>   | <b>3,672,522.79</b>                  | <b>3,672,522.79</b> | <b>3,672,522.79</b>           |                     |
| <b>MUTUAL FUNDS/EQUITY</b>  |                                      |                     |                               |                     |
| CUSIP # 315911750<br>FIDELITY 500 INDEX FUND  |                                      |                     |                               |                     |
| SOLD 2,873.398 SHS ON 02/16/24<br>AT 174.01 THRU FIDELITY SERVICES                                  | 500,000.00                           | 475,322.06          | 499,999.99                    | 24,677.94           |
| PURCHASED 202.916 SHS ON<br>04/08/24 AT 180.69 FOR<br>REINVESTMENT                                  | 36,664.94                            | 36,664.94           | 36,652.72                     |                     |
| SOLD 2,709.733 SHS ON 05/24/24<br>AT 184.52 THRU FIDELITY SERVICES                                  | 500,000.00                           | 448,374.58          | 499,999.93                    | 51,625.42           |
| PURCHASED 206.238 SHS ON<br>07/08/24 AT 193.33 FOR<br>REINVESTMENT                                  | 39,871.91                            | 39,871.91           | 39,913.24                     |                     |
| SOLD 2,598.753 SHS ON 09/03/24<br>AT 192.40 THRU FIDELITY SERVICES                                  | 500,000.00                           | 430,244.23          | 500,000.08                    | 69,755.77           |
| PURCHASED 197.348 SHS ON<br>10/07/24 AT 199.75 FOR<br>REINVESTMENT                                  | 39,420.44                            | 39,420.44           | 39,043.33                     |                     |
| SOLD 2,416.043 SHS ON 11/21/24<br>AT 206.95 THRU FIDELITY SERVICES                                  | 500,000.00                           | 400,259.80          | 500,000.10                    | 99,740.20           |
| PURCHASED 207.89 SHS ON 12/23/24<br>AT 205.83 FOR REINVESTMENT                                      | 42,789.92                            | 42,789.92           | 43,103.91                     |                     |
| <b>TOTAL</b>  | <b>2,158,747.21</b>                  | <b>1,912,947.88</b> | <b>2,158,713.30</b>           | <b>245,799.33</b>   |
| <b>TOTAL MUTUAL FUNDS/EQUITY</b>  | <b>2,158,747.21</b>                  | <b>1,912,947.88</b> | <b>2,158,713.30</b>           | <b>245,799.33</b>   |



## TRADE DATE - INCOME ACCRUALS Page 37

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Statement Period  
Account Number

01/01/24 through 12/31/24

INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS LOCAL 134  
STAFF PENSION PLAN  
ADMINISTRATIVE ACCOUNT

### Preliminary Schedule Of Reportable Transactions

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PLAN NUMBER:

EIN NUMBER: 36-1264170

| DESCRIPTION                              | PURCH/SELL PRICE<br>EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET<br>ON TXN DATE | NET GAIN<br>OR LOSS |
|--|--------------------------------------|---------------|-------------------------------|---------------------|
| TOTAL SECURITY TRANSACTIONS EXCEEDING 5% |                                      | 5,585,470.67  |                               |                     |

**International Brotherhood of Electrical Workers Local 134 Staff Pension Plan**  
**Schedule of Asset Held**  
**12/31/2024**

| <u>Security Description</u>         | <u>Cost</u> | <u>Fair Value</u> |
|-------------------------------------|-------------|-------------------|
| Mutual Funds                        |             |                   |
| Loomis Sayles Global Bond Fund      | 1,702,532   | 1,480,753         |
| Fidelity International Index Indst. | 1,157,577   | 1,125,673         |
| Fidelity Extended Market Index      | 3,123,969   | 3,250,152         |
| Fidelity 500 Index Fund             | 9,847,630   | 12,127,199        |
| Baird Core Plus Bond Fund           | 4,318,984   | 4,208,600         |
| AFL CIO Housing Investment Trust    | 902,583     | 1,029,245         |
|                                     |             | <u>23,221,622</u> |
| Common & Collective Trust           |             |                   |
| Muti-Employer Property Trust        | 2,205,949   | 3,986,314         |
| Interest Bearing Cash               |             |                   |
| Goldman Financial                   | 467,117     | 467,117           |

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **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.

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>Retirement Plan for Employees of IBEW, Local 134   | <b>B</b> Three-digit plan number (PN) ▶   | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IBEW Union Local 134  | <b>D</b> Employer Identification Number (EIN)<br><br>36-1264170   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 26,383,688                |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 27,351,271                |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 88                         | 19,719,948                |
|          | <b>b</b> For terminated vested participants .....   | 12                         | 1,644,081                 |
|          | <b>c</b> For active participants .....  | 17                         | 2,281,527                 |
|          | <b>d</b> Total .....  | 117                        | 23,645,556                |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | 5.09 %                    |
| <b>6</b> | Target normal cost .....  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 185,538                   |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 50,170                    |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 235,708                   |

**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.

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> | <br>Signature of actuary | <u>06/06/2025</u><br>Date                                       |
|                  | <u>Daniel Colby</u><br>Type or print name of actuary  | <u>23-07115</u><br>Most recent enrollment number                |
|                  | <u>Milliman, Inc.</u><br>Firm name  | <u>(312) 726-0677</u><br>Telephone number (including area code) |
|                  | <u>71 S. Wacker Drive, Suite 3100</u><br>Address of the firm  |   |
|                  | <u>Chicago IL 60606-4637</u><br>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

| <b>Part II</b>  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|---|--|------------------------|
|   | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0  | 1,186,978              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....   | 0  | 1,186,978              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.68%</u> .....  | 0  | 138,639                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:  |  |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....   |  | 484,585                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21%</u> ..... |  | 25,247                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |  |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....   |  | 509,832                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....   |  |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....   |  |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....  | 0  | 1,325,617              |

| <b>Part III</b>   | <b>Funding Percentages</b> |         |
|---|----------------------------|---------|
| <b>14</b> Funding target attainment percentage.....   | <b>14</b>                  | 110.06% |
| <b>15</b> Adjusted funding target attainment percentage .....   | <b>15</b>                  | 110.06% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b>                  | 109.38% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....  | <b>17</b>                  | %       |

| <b>Part IV</b>   | <b>Contributions and Liquidity Shortfalls</b> |                                 |                          |                                   |                                 |
|--|---|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s)             | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|  |   |                                 |                          |                                   |                                 |
|  |   |                                 |                          |                                   |                                 |
|  |   |                                 |                          |                                   |                                 |
|  |   |                                 |                          |                                   |                                 |
|  |   |                                 |                          |                                   |                                 |
|  |   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>  |   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|  |   |                                 |                          |                                   | 0                               |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|  |            |  |
|--|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> |  |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |                        |                        | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                        | <b>22</b> 63  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

|   |   |  |  |           |
|---|---|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |   |  |  |           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |           |
| <b>26</b> Demographic and benefit information   |   |  |  |           |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |           |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   |   |  |  | <b>27</b> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b>   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                    |
|--|---------------------|--------------------|---------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                    |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 235,708 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 235,708 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  |                     |                    |               |                    |
| <b>b</b> Waiver amortization installment .....   |                     |                    |               |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 0        |
|  | Carryover balance   | Prefunding balance | Total balance |                    |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 0        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b>          |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 0       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    |               | <b>38b</b> 0       |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0        |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |  |

**Attachment to 2024 Form 5500**  
**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

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| (1)<br>Age | (2)<br>Active<br>Group | (3)<br>Retirement<br>Rate | (4)<br>Number<br>Retiring | (5)<br>Column(1)<br>times (4) |
|------------|------------------------|---------------------------|---------------------------|-------------------------------|
| 62         | 1000                   | 0.5                       | 500                       | 31,000.000                    |
| 63         | 500                    | 0.5                       | 250                       | 15,750.000                    |
| 64         | 250                    | 0.5                       | 125                       | 8,000.000                     |
| 65         | 125                    | 0.5                       | 62.5                      | 4,062.500                     |
| 66         | 62.5                   | 0.5                       | 31.25                     | 2,062.500                     |
| 67         | 31.25                  | 0.5                       | 15.625                    | 1,046.875                     |
| 68         | 15.625                 | 0.5                       | 7.8125                    | 531.250                       |
| 69         | 7.8125                 | 0.5                       | 3.90625                   | 269.531                       |
| 70         | 3.90625                | 1                         | <u>3.90625</u>            | <u>273.438</u>                |
|            |                        |                           | 1000                      | 62,996.094                    |

Weighted Average Retirement Age:  $62,996.094/1000 = 62.99$  rounded to age 63

**Attachment to 2024 Form 5500**  
**Schedule SB, Line 26 – Schedule of Active Participant Data**  
**Plan Name: Retirement Plan for Employees of IBEW, Local 134**  
**EIN: 36-1264170    PN: 001**

**Active Participants by Age and Service**

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

| Age          | Years of Credited Service |     |     |       |       |       |       |       |       |     | Total |    |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|----|
|              | 0                         | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ |       |    |
| <b>0–24</b>  | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     | -  |
| <b>25–29</b> | -                         | 1   | 1   | -     | -     | -     | -     | -     | -     | -   | -     | 2  |
| <b>30–34</b> | -                         | -   | 1   | -     | -     | -     | -     | -     | -     | -   | -     | 1  |
| <b>35–39</b> | -                         | -   | -   | 1     | -     | -     | -     | -     | -     | -   | -     | 1  |
| <b>40–44</b> | -                         | -   | 1   | -     | -     | -     | -     | -     | -     | -   | -     | 1  |
| <b>45–49</b> | -                         | -   | 1   | 1     | -     | -     | -     | -     | -     | -   | -     | 2  |
| <b>50–54</b> | -                         | -   | 1   | 2     | -     | -     | 1     | -     | -     | -   | -     | 4  |
| <b>55–59</b> | -                         | 1   | 1   | 2     | -     | -     | -     | -     | -     | -   | -     | 4  |
| <b>60–64</b> | -                         | -   | -   | -     | -     | 1     | -     | -     | 1     | -   | -     | 2  |
| <b>65–69</b> | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     | -  |
| <b>70+</b>   | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     | -  |
| <b>Total</b> | -                         | 2   | 6   | 6     | -     | 1     | 1     | -     | 1     | -   | -     | 17 |

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

## Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

### Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it cannot be less than 90% nor more than 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.5% per year) or the applicable statutory interest rate for the year.

### PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2023)

### Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

### Changes in Actuarial Methods since Prior Valuation

None.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

## Summary of Actuarial Assumptions

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

|                         | Minimum Funding | Maximum Deductible | PBGC Premium |
|-------------------------|-----------------|--------------------|--------------|
| Segment 1 (0–5 years)   | 4.75%           | 3.62%              | 5.01%        |
| Segment 2 (5–20 years)  | 4.87%           | 4.46%              | 5.13%        |
| Segment 3 (20+ years)   | 5.59%           | 4.52%              | 5.15%        |
| Effective Interest Rate | 5.09%           | 4.42%              | 5.13%        |

**ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor. The Plan Sponsor elected to reflect the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021 for the 2021 plan year.

**Maximum Deductible Contribution:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

**PBGC premium:** Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable-rate premium calculation.

**For FASB ASC Topic 960 purposes:** 6.50% per year (net of all expenses).

#### Compensation Increases

3.50%.

#### Administrative Expenses

Expected administrative expenses payable from the trust are explicitly added to the normal cost. For the current valuation, the loading for expenses is the actual expenses for the prior plan year, payable at the beginning of the year.

### DEMOGRAPHIC ASSUMPTIONS

#### Non-Disabled Mortality

**For ERISA funding, PBGC premium purposes:**

Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

**For FASB ASC Topic 960 purposes :**

Pre-Retirement: Pri-2012 total dataset employee amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Retired Members: Pri-2012 total dataset retiree amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Survivors and Beneficiaries: Pri-2012 total dataset contingent survivor amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females. Retired member mortality are used prior to member death.

**Disabled Mortality**

**For ERISA funding and PBGC premium purposes:** IRS Revenue Ruling 96-7 Post-94 Disability Mortality Tables, separate tables for males and females.

**For FASB ASC Topic 960 purposes:** Pri-2012 total dataset Disabled Amount-weighted mortality with mortality improvement Scale MP-2021 for males and females.

**Retirement**

| Age   | Rate  |
|-------|-------|
| <=61  | 0.0%  |
| 62-69 | 50.0  |
| >=70  | 100.0 |

**Termination**

Sample rates as shown below:

| Age | Male Rate | Female Rate |
|-----|-----------|-------------|
| 20  | 11.25%    | 13.0%       |
| 25  | 11.25     | 12.0        |
| 30  | 11.25     | 10.0        |
| 35  | 11.25     | 9.0         |
| 40  | 11.25     | 8.0         |
| 45  | 11.25     | 8.0         |
| 50  | 11.25     | 8.0         |
| 55  | 0.00      | 0.0         |

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

**Disability**

Sample rates as shown below:

| Age | Rate  |
|-----|-------|
| 20  | 0.05% |
| 25  | 0.05  |
| 30  | 0.05  |
| 35  | 0.06  |
| 40  | 0.08  |
| 45  | 0.11  |
| 50  | 0.16  |
| 55  | 0.29  |
| 60  | 0.59  |

**Decrement Timing**

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

**Form of Payment**

Married active and terminated vested participants are assumed to elect the special joint & survivor form of annuity. Single active and terminated vested participants are assumed to elect the single life form of annuity.

**Assumed Age of Commencement of Deferred Benefits**

Earliest unreduced retirement age.

**Marital Characteristics**

**For participants not in pay status:** 80% of participants are assumed to be married, with males 3 years older than females.

**For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

**Benefits Not Valued**

All benefits are valued.

**Special Data Adjustments**

None.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170 PN: 001**

**Weighted Average Retirement Age**

The weighted average retirement age for active participants is 63. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

| (1)<br>Age | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted<br>Age (1)*(4) |
|------------|--|---------------------------|---|--------------------------------|
| 62         | 9.0961                                 | 0.4972                    | 4.5223                                    | 280.3837                       |
| 63         | 4.4967                                 | 0.4968                    | 2.234                                     | 140.7425                       |
| 64         | 3.2197                                 | 0.4965                    | 1.5985                                    | 102.3049                       |
| 65         | 1.5872                                 | 0.496                     | 0.7873                                    | 51.176                         |
| 66         | 0.7811                                 | 0.4955                    | 0.3871                                    | 25.5454                        |
| 67         | 0.3836                                 | 0.495                     | 0.1899                                    | 12.7214                        |
| 68         | 0.188                                  | 0.4944                    | 0.0929                                    | 6.3191                         |
| 69         | 0.0919                                 | 0.4938                    | 0.0454                                    | 3.1303                         |
| 70         | 0.0448                                 | 1                         | 0.0448                                    | 3.1357                         |
| Total      |  |                           | 9.9022                                    | 625.4589                       |
| Average    |  |                           |   | 63.16                          |

**Changes in Actuarial Assumptions since Prior Valuation**

**Interest rates for ERISA minimum funding:** From 4.75%, 5.00%, and 5.74% per year to 4.75%, 4.87%, and 5.59% per year, respectively, as required by statute. The interest rates reflect the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021.

**Interest rates for Maximum Deductible Contributions:** From 1.41%, 3.09%, and 3.58% to 3.62%, 4.46%, and 4.52% per year, respectively, as required by statute.

**Interest rates for PBGC premium:** From 4.84%, 5.15%, and 4.85% to 5.01, 5.13%, and 5.15% per year, respectively, as required by statute.

**ERISA funding, PBGC premium purposes:** From IRS 2023 Combined Healthy Mortality Tables to IRS 2024 Generational Mortality Tables, separate table for males and females.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Summary of Plan Provisions**  
**Plan Name: Retirement Plan for Employees of IBEW, Union Local 134**  
**EIN: 36-1264170    PN: 001**

## **Summary of Principal Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

### **Plan Year**

The 12-month period from January 1 through December 31.

### **Effective Date**

February 1, 1961. The Plan was amended and restated effective March 1, 2017.

### **Eligibility and Participation**

Employees will be included as participants as of the date they have completed 1000 hours of employment during the 12 month period following their date of hire with Local 134. Effective April 30, 2012, Business Agents and Officers of International Brotherhood of Electrical Workers Local 134 are not eligible to become participants in the Plan.

A participant is considered a Frozen Participant by virtue of becoming represented by any labor organization other than IBEW that has entered into a collective bargaining agreement with IBEW, Local 134 that requires IBEW, Local 134 to make contributions on behalf of the employee to another pension plan.

Any Business Agent or Officer of IBEW Local 134 participating in the Plan on April 30, 2012 is a Frozen Participant effective on that date.

### **Service**

Eligibility for benefits under the plan is determined by service. Participants shall receive service for their aggregate periods of continuous employment which includes employment in the industry under the Electrical Insurance Trustees Employees' Retirement Plan or Pension Plan Nos. 2, 4, 5 or 6 or Chicagoland Race Meet pension plan.

### **Credited Service**

Amount of benefits payable under the plan is determined by credited service. Participants shall receive credited service for their aggregate periods of continuous employment with Local 134. A Frozen Participant shall earn no credited service.

### **Average Monthly Compensation**

Compensation includes total salary and wages paid by Local 134 including overtime but excluding allowances. Average monthly compensation is based on the highest 5 calendar years of compensation.

A Frozen Participant does not earn Compensation under the Plan.

### **Accrued Benefit**

The monthly accrued benefit is 45% of average monthly compensation prorated by credited service if less than 18. If credited service is greater than 18 (but not in excess of 25), then 45% is increased by 1% for

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each year of credited service in excess of 18. In addition, employees of Local 134 who were not receiving National Electric Benefit Fund (NEBF) credits prior to January 1, 1988 and were participants as of January 1, 1995, shall receive \$33.00 per month per year of service prior to January 1, 1988 for which no credit is granted under the NEBF plan.

### **Normal Retirement**

Age 65 with 5 or more years of service. Accrued benefit as of Normal Retirement Date.

### **Early Retirement**

Age 55 with 10 or more years of Service. Accrued Benefit as of Early Retirement Date, with a 6% per year reduction for each year in which the benefit commencement date precedes age 62.

### **Disability Benefits**

Termination due to disability with 10 or more years of service. Accrued benefit as of Disability Retirement Date.

### **Deferred Retirement**

The first day of any month following Normal Retirement Date. Accrued Benefit as of Deferred Retirement Date.

### **Vested Termination**

Participants have a non-forfeitable right to their Accrued Benefit as of their date of termination of employment payable at Normal Retirement Date, provided that they have completed at least 5 years of Service.

If at least 10 or more years of service have been completed at termination of employment, monthly benefits may commence upon attainment of age 55.

### **Pre-Retirement Death Benefits**

If vested active participants die, their spouses will receive lifetime benefits if they were married to the participant for at least one year. The eligible spouse pension, payable beginning on the first day of the month following the participant's death, is equal to the monthly accrued benefit for the first ten years of survivorship, reduced thereafter to 50% of the accrued benefit. The eligible spouse pension shall be actuarially reduced (based on a spouse 5 years younger than the participant) if the spouse is more than 5 years younger than the participant.

If vested terminated participants die, their spouses will receive lifetime benefits if they were married to the participant for at least one year. The eligible spouse pension, commencing on the first day of the month following the later of the date of participant's death or the date the participant would have attained age 55, is equal to the benefit the spouse would have received if the participant had elected to receive a 50% joint & survivor annuity at the date the eligible spouse pension commences and died the next day.

### **Normal Form of Annuity**

The Accrued Benefit defined above assumes payment in the form of a monthly single life annuity. The benefits will be actuarially adjusted to reflect any other form of annuity payable.

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### **Special Joint & Survivor Optional Form of Annuity**

If a participant's spouse has been married to the participant for at least one year, the participant may elect a special joint & survivor annuity at retirement. The participant receives a lifetime monthly benefit equal to the accrued benefit at retirement (reduced, if applicable, for early retirement). At the death of the participant, the surviving spouse will receive 100% of the monthly benefit the participant was receiving for the first ten years of survivorship, reduced thereafter to 50% of the monthly benefit the participant was receiving. The above surviving spouse benefits will be actuarially reduced (based on a participant age 65 and spouse age 60), if the spouse is more than 5 years younger than the participant.

### **Chicago & Cook County Building and Construction Trades Council**

Effective March 1, 2004, the plan was amended to allow certain employees of the Chicago & Cook County Building and Construction Trades Council to become participants in the plan. As a result, the plan became a multiple employer plan.

Effective March 1, 2017, liabilities and assets for CCCBCTC participants were spun-off from the plan into a new pension plan covering only CCCBCTC participants. As a result, the plan became a single employer plan.

### **Disclaimed Credit Service**

Four participants elected to disclaim a portion of their credited service.

NOTE: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

### **Changes in Principal Plan Provisions since Prior Valuation**

None.

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS  
INCLUDED IN THE SIGNED SCHEDULE SB**

## SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS  
INCLUDED IN THE SIGNED SCHEDULE SB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS  
INCLUDED IN THE SIGNED SCHEDULE SB**