

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
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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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 02/01/1949
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA 5 HOT METAL STREET, SUITE 200 PITTSBURGH, PA 15203-2352	2b Employer Identification Number (EIN) 25-6032108 2c Plan Sponsor's telephone number 412-432-1155 2d Business code (see instructions) 238210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2025	THOMAS R. MCINTYRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4966
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 2603 6a(2) 2503 6b 1361 6c 586 6d 4450 6e 319 6f 4769 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 146

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA	D Employer Identification Number (EIN) 25-6032108	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA00595		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3687907

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA	D Employer Identification Number (EIN) 25-6032108

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 734617983
(2) Actuarial value of assets for funding standard account	1b(2) 746148878
c (1) Accrued liability for plan using immediate gain methods	1c(1) 523134697
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 523134697
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 781604041
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 17268854
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 34685550
(3) Expected plan disbursements for the plan year	1d(3) 34818342

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

SIGN HERE	06/27/2025
Signature of actuary BRADFORD L RIGBY	Date 23-07217
Type or print name of actuary ACRISURE	Most recent enrollment number 412-394-9330
Firm name 444 LIBERTY AVENUE, SUITE 605 PITTSBURGH, PA 15222	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	734617983
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1690	360828225
(2) For terminated vested participants	673	78439710
(3) For active participants:		
(a) Non-vested benefits		10634623
(b) Vested benefits		331701483
(c) Total active	2603	342336106
(4) Total	4966	781604041
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	39078723				
Totals ►			3(b)	39078723	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	142.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.29 %
			Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9	9	
(2) Females	6c(2)	9F	9F	
d Valuation liability interest rate	6d	6.25 %	6.25 %	
e Salary scale	6e	% ☐ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.25 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)			
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9206371	906784

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	9789957

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	140906644	15116467
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1556652**e** Total charges. Add lines 9a through 9d.....**9e** 26463076**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 308812891**g** Employer contributions. Total from column (b) of line 3.....**9g** 39078723**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	55107934	5858344

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 20691380**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

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

(3) FFL credit

9j(1)	113780723
9j(2)	0

9j(3)**k** (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 374441338**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 347978262**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA	D Employer Identification Number (EIN) 25-6032108

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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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)

CENTRAL DATA SERVICES

5 HOT METAL ST, 200
PITTSBURGH, PA 15203

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	631777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QMA LLC - PNC

2 GATEWAY CENTER, 6TH FLOOR
NEWARK, NJ 07102

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 50	NONE	542812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWTOWER TRUST COMPANY

7315 WISCONSIN AVENUE, 350W
BETHESDA, MD 20814

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	372793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MANNING & NAPIER ADVISORS, LP

155 FLEET ST
PORTSMOUTH, NH 03801

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 50	NONE	371448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE UNION LABOR LIFE INSURANCE CO.

8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	334137	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

INTERCONTINENTAL REAL ESTATE CORP.

1270 SOLDIERS FIELD RD
BOSTON, MA 02135

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	265848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IFM GLOBAL INFRASTRUCTURE (US) LP

114 WEST 47TH STREET, 19TH FLOOR
NEW YORK, NY 10036

95-1661675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	166703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXETER TRUST COMPANY

7945 MACARTHUR BLVD, 218
CABIN JOHN, MD 20818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 50	NONE	135121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARINER INSTITUTIONAL LLC

875 GREENTREE RD, 7 PKWY, 840
PITTSBURGH, PA 15220

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS,SAYLES & COMPANY, LP - PNC

1384 OLD FREEPORT RD
PITTSBURGH, PA 15238

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 50	NONE	77827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS - PNC

1235 WESTLAKES DR, 400
PITTSBURGH, PA 19312

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	76706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC ADVISORS

620 LIBERTY AVE
PITTSBURGH, PA 15222

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72 50	NONE	66573	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

BOYD WATTERSON ASSET MANAGEMENT LLC

1301130 EAST 9TH STREET, SUITE 2900
CLEVELAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	58631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRISURE

444 LIBERTY AVENUE
PITTSBURGH, PA 15222

25-1750131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	48704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40419	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MEYER, UNKOVIC & SCOTT, LLP

535 SMITHFIELD ST, 1300
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	26786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

411 W. LAFAYETTE AVE
DETROIT, MI 48226

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20715	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA		D Employer Identification Number (EIN) 25-6032108
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41745721
a Name of MTIA, CCT, PSA, or 103-12 IE: ERECT FUNDS		
b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SERVICES		
c EIN-PN 25-1689052-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26480423
a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA MEDIUM CAP INDEX FUND		
b Name of sponsor of entity listed in (a): COMERICA		
c EIN-PN 38-6589863-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48556120
a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST		
c EIN-PN 52-6257033-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227329998
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE FIXED INCOME TRU		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY		
c EIN-PN 20-8080381-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32816044
a Name of MTIA, CCT, PSA, or 103-12 IE: QMA US SMALL CAP CORE EQUITY		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.		
c EIN-PN 23-6994310-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74379988
a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE (J ACCT)		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-223	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3687907
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA	D Employer Identification Number (EIN) 25-6032108

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3339574	3282318
(2) Participant contributions.....	1b(2)	13594	0
(3) Other	1b(3)	622177	581128
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73566366	86181390
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	13577299	14801512
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	44527032	83420076
(5) Partnership/joint venture interests	1c(5)	76972734	77916694
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	455502997	454996201
(10) Value of interest in pooled separate accounts	1c(10)	3532096	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	60975334	101995393
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2328236	247314

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	734957439	823422026
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	339456	796965
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	339456	796965
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	734617983	822625061

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	39006733	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	71990	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39078723
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6441491	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	756321	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7197812
(2) Dividends: (A) Preferred stock		2b(2)(A)	
(B) Common stock	2b(2)(B)	6642187	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6642187
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	90709595
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	80230118	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1346543	
(B) Other	2b(5)(B)	542151	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		58207645
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		464403
c Other income	2c		53142
d Total income. Add all income amounts in column (b) and enter total	2d		121318997

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29708164	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		29708164
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	631777	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40419	
(5) Investment advisory and investment management fees	2i(5)	2578942	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	48704	
(8) Legal fees	2i(8)	26786	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	277127	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3603755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33311919

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		88007078
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		77916694
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562913.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES,IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA		D Employer Identification Number (EIN) 25-6032108
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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 **LIGHTHOUSE ELECTRIC**

b EIN **25-1461881**

c Dollar amount contributed by employer **5928815**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **SARGENT ELECTRIC**

b EIN **25-0935920**

c Dollar amount contributed by employer **2635868**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **HATZEL & BUEHLER**

b EIN **13-0828930**

c Dollar amount contributed by employer **1880751**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **CLISTA ELECTRIC, INC.**

b EIN **25-1621621**

c Dollar amount contributed by employer **2308046**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **BITER, BOB ELECTRIC ENTER**

b EIN **25-1301034**

c Dollar amount contributed by employer **1537982**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **WELLINGTON POWER CORP.**

b EIN **25-1503596**

c Dollar amount contributed by employer **2121564**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **CHAPMAN CORPORATION**

b EIN **25-1116939**

c Dollar amount contributed by employer **1177344**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **TSB - DBA SCHULTHEIS ELECTRIC**

b EIN **25-1573149**

c Dollar amount contributed by employer **1516900**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

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

b EIN **25-1057177**

c Dollar amount contributed by employer **1548580**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

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

b EIN **25-1691262**

c Dollar amount contributed by employer **1156794**

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 **12** Day **22** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 61.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.0 %

High-Yield Debt: 3.0 % Real Assets: 19.0 % Cash or Cash Equivalents: 6.0 % Other: 0.0 %

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_____.

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Western Pennsylvania Electrical Employees
Pension Trust Fund

Opinion

We have audited the accompanying financial statements of the Western Pennsylvania Electrical Employees' Pension Trust Fund (the Plan), an employee benefit fund 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, the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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





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

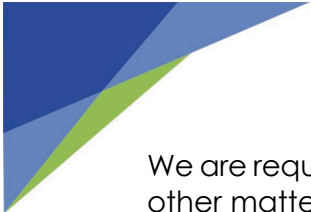
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, which raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are 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.

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of investment and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
July 7, 2025

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value	<u>\$ 784,525,567</u>	<u>\$ 704,912,976</u>
Receivables		
Employer contributions	3,282,318	3,353,168
Interest and dividends	<u>581,128</u>	<u>622,177</u>
Total receivables	<u>3,863,446</u>	<u>3,975,345</u>
Prepaid expenses	<u>247,314</u>	<u>2,328,236</u>
Cash and cash equivalents	<u>34,785,699</u>	<u>23,740,882</u>
Total assets	<u>823,422,026</u>	<u>734,957,439</u>
Liabilities		
Accounts payable	<u>796,965</u>	<u>339,456</u>
Total liabilities	<u>796,965</u>	<u>339,456</u>
Net assets available for benefits	<u>\$ 822,625,061</u>	<u>\$ 734,617,983</u>

See accompanying notes to financial statements.

WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES PENSION TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 68,347,133	\$ 66,795,636
Interest	7,197,812	6,008,876
Dividends	<u>6,642,187</u>	<u>6,552,967</u>
	82,187,132	79,357,479
Less: investment fees	<u>(2,475,642)</u>	<u>(2,319,881)</u>
Net investment income	<u>79,711,490</u>	<u>77,037,598</u>
Contributions		
Contractor	39,006,733	36,239,866
Union	<u>71,990</u>	<u>119,268</u>
Total contributions	<u>39,078,723</u>	<u>36,359,134</u>
Other income		
Litigation and escrow settlement income	<u>53,142</u>	<u>140</u>
Total additions	<u>118,843,355</u>	<u>113,396,872</u>
Deductions		
Benefits paid directly to participants	29,405,063	28,662,568
Death benefits paid to beneficiaries	303,101	187,272
Administrative expenses	<u>1,128,113</u>	<u>1,081,033</u>
Total deductions	<u>30,836,277</u>	<u>29,930,873</u>
Net change	88,007,078	83,465,999
Net assets available for benefits		
Beginning of year	<u>734,617,983</u>	<u>651,151,984</u>
End of year	<u>\$ 822,625,061</u>	<u>\$ 734,617,983</u>

See accompanying notes to financial statements.



**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits

Vested benefits	
Retired participants and beneficiaries	\$ 271,986,978
Deferred vested participants	49,972,088
Active participants	<u>196,704,531</u>
	518,663,597
Nonvested benefits	<u>4,471,100</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 523,134,697</u>

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2023

Actuarial presented value of accumulated plan benefits

Beginning of year	<u>\$ 514,007,187</u>
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Change during the year attributable to

Benefits accumulated	6,739,795
Assumptions	-
Benefits paid	(28,849,840)
Change in discount period	<u>31,237,555</u>

Net change

9,127,510

Actuarial presented value of accumulated plan benefits

End of year	<u>\$ 523,134,697</u>
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WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES' PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Western Pennsylvania Electrical Employees' Pension Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - The Plan is a defined benefit pension plan covering employees of the electrical contractors or participating employers who recognize Local Union No. 5, International Brotherhood of Electrical Workers as the collective bargaining representative and contribute to the Western Pennsylvania Electrical Employees' Pension Trust Fund. It is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

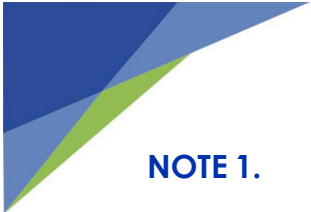
Pension Benefits - Benefit payments to participants are based upon type of pension, age, and pension credits earned. The Plan provides normal, early, qualified joint and survivor, qualified domestic relations order (QDRO), deferred vested, disability and death benefits. Participant should refer to the Summary Plan Description for more complete information.

Normal Retirement - A participating electrical worker who terminates covered employment on or after age 65 shall, upon application, be entitled to receive a monthly retirement benefit based on the number of full and fractional years of service completed up to the date of termination of covered employment.

Early Retirement - The Plan permits early retirement between the ages of 60-64 as long as the employee has a vested benefit and has been credited with at least 400 hours or service in covered employment during the plan year in which he/she terminates.

Qualified Joint and Survivor - Married employees may elect to receive their pension benefits in the form of a joint and survivor annuity. In the event of the death of a spouse prior to that of a participant who had previously elected the qualified joint and survivor annuity option (50%, 75% or 100%), the monthly benefit payable to the participant will revert to the unreduced normal form payable under the terms of the Plan.

Qualified Domestic Relations Order (QDRO) - A qualified domestic relations order is a type of court order typically found in a divorce agreement that recognizes that the former spouse is entitled to receive a predefined portion of the employee's elected pension benefit.



NOTE 1. DESCRIPTION OF THE FUND (CONTINUED)

Deferred Vested - If employees terminate other than retiring after attaining five years of service, they will retain their vested benefits which are deferred until retirement date. The monthly benefit shall commence, at the election of the former participant, on the first day of any month after the former participant reaches age 60.

Disability - Active employees who become totally disabled receive annual disability benefits up to early retirement age of 62. Early retirement pension benefits would then be paid in the Single Life Annuity form. Benefit calculations and auxiliary disability benefits are detailed in the Summary Plan Description.

Death Benefits - If a retired participant dies while receiving pension benefits, their designated beneficiary(ies) will be paid a lump sum death benefit equal to twelve times the monthly benefit payable as a Single Life Annuity (monthly benefit x quarters of participation x 12). The monthly benefit for the years ended December 31, 2024 and 2023 was \$17.00. A qualified preretirement survivor annuity is also available under the Plan.

Eligibility - Eligibility to participate in the Plan is obtained as of the first date services are performed with an employer in covered employment.

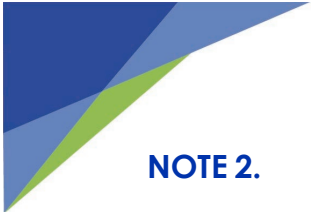
Funding Policy - The Plan is funded as determined by a collective bargaining agreement between Local Union No. 5, International Brotherhood of Electrical Workers and the Western Pennsylvania Chapter, National Electrical Contractors Association, Incorporated through December 31, 2024. For the years ended December 31, 2024 and 2023, the employers' contribution rate was \$8.45 and \$8.35, respectively, for each hour paid to each participant whose rate of pay was determined by the collective bargaining agreement. The Plan's contributions for the years ended December 31, 2024 and 2023 met the minimum funding requirements of ERISA.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements. The Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contractor Contributions Receivable - Accounts receivable are stated at the amount the management expects to collect from balances outstanding at year end. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Contributions due from contractors are accrued at year end and only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. The Plan considers receivables to be fully collectible; accordingly, no allowance for credit losses is deemed necessary.

Cash and Cash Equivalents - The Plan considers liquid investments when purchased with a maturity of three months or less to be cash equivalents. The Plan maintains its cash account with an insured financial institution. All accounts are insured up to \$250,000 by the Federal Deposit Insurance Corporation (FDIC). There were approximately \$32,266,000 held in excess of insured limited as of December 31, 2024. The Plan has not experienced any losses in its cash balances.

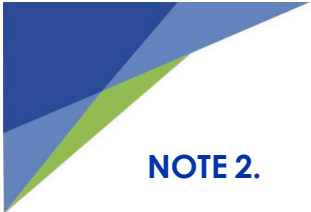
Estimates - The preparation of financial statements in accordance with the accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Administrative Expenses - The Plan's expenses are paid by the Plan and 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 of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions. 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. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to December 31, 2023, the date immediately preceding the most recent valuation.

The actuarial present value of accumulated plan benefits is determined by an actuary from W&W Actuarial Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were:

Interest	6.25%
Mortality	Pri-2012 Blue Collar Dataset Amount-Weighted Mortality with generational projection by Scale MP-2021
Average Retirement Age	60, female 4 years younger than male spouses, 80% married
Turnover	Crocker, Sarason & Straight Table T-5
Disability	100% UAW 1955 Study

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

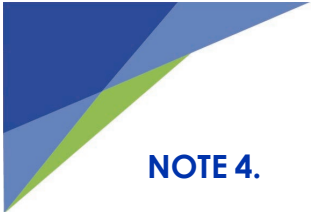
For the years ended December 31, 2024 and 2023, the Plan was certified by its actuary to be in neither endangered or critical status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA).

Since information on accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023 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.

NOTE 3. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated August 31, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan continues to be designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes is required.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosures in the financial statements as of December 31, 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.



NOTE 4. PLAN TERMINATION

The Trustee's intent is to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved by the Trustees. Upon such termination, the net assets will be allocated as prescribed by ERISA and its related regulations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC).

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

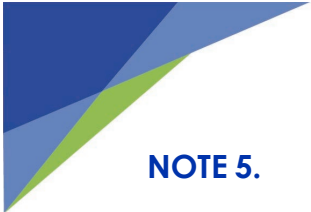
If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term investments: Valued using amortized cost which approximates fair value.



NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Limited partnerships: The fair values of the limited partnerships recorded by the Plan are determined from financial statements received by the Plan from the limited partnerships or other entities in which the Plan has invested. Some of these financial statements are financial statements audited by independent accountants other than the Plan's independent auditors, and some are unaudited financial statements. In addition, most of these investment vehicles operate as "Plan of Plans" which invest in limited partnerships and other non-marketable investments.

The entities in which the Plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

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

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

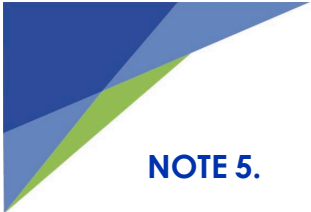
Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 51,395,691	\$ 51,395,691	\$ -	\$ -
Corporate bonds	14,801,512	-	14,801,512	-
Mutual funds	101,995,393	101,995,393	-	-
Common stock	<u>83,420,076</u>	<u>83,420,076</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>251,612,672</u>	<u>\$ 236,811,160</u>	<u>\$ 14,801,512</u>	<u>\$ -</u>
Investments measured at NAV*				
Common collective trusts	454,996,201			
Limited partnership	<u>77,916,694</u>			
	<u>532,912,895</u>			
Total investments at fair value	<u>\$ 784,525,567</u>			

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 49,825,484	\$ 49,825,484	\$ -	\$ -
Corporate bonds	13,714,811	-	13,714,811	-
Mutual funds	62,793,355	62,793,355	-	-
Common stock	<u>79,009,267</u>	<u>79,009,267</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>205,342,917</u>	<u>\$ 191,628,106</u>	<u>\$ 13,714,811</u>	<u>\$ -</u>
Investments measured at NAV*				
Common collective trusts	422,597,325			
Limited partnership	<u>76,972,734</u>			
	<u>499,570,059</u>			
Total investments at fair value	<u>\$ 704,912,976</u>			

* In accordance with Accounting Standards Codification, investments that were measured NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments Measured at Net Asset Value (NAV)

The following tables on the next page summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023 by investment category. There were no unfunded commitments for the years ended December 31, 2024 and 2023.



NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 454,996,201	none	daily	1 to 30 days
Limited partnership	77,916,694	none	daily	1 to 30 days

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 422,597,325	none	daily	1 to 30 days
Limited partnership	76,972,734	none	daily	1 to 30 days

The Plan's investment in the common collective trusts category is comprised of several investments. Underlying assets in these Plans primarily include publicly traded equity securities and fixed income securities and are valued at their NAV calculated by the Plan sponsor and have daily liquidity.

The Plan's investment in the limited partnership category consists of numerous individual investments. These investments seek to achieve long-term growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

NOTE 6. RISKS AND UNCERTAINTIES

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

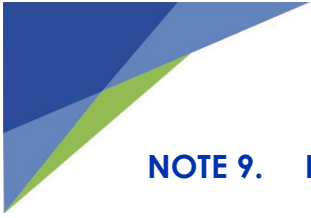
The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least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

NOTE 7. PLAN AMENDMENTS

There were no significant plan amendments in 2024 and 2023, respectively.

NOTE 8. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are party in interest transactions under ERISA.



NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation for additions per the financial statements to income per Form 5500 for the year ended December 31, 2024:

Additions per financial statements	\$ 118,843,355
Add: investment expenses	<u>2,475,642</u>
Income per Form 5500	<u>\$ 121,318,997</u>

A reconciliation for deductions per the financial statements to expenses per Form 5500 for the year ended December 31, 2024:

Deductions per financial statements	\$ 30,836,277
Add: investment expenses	<u>2,475,642</u>
Expenses per Form 5500	<u>\$ 33,311,919</u>

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 7, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Plan Provisions

Effective January 1, 1976
Last Amendment Effective January 1, 2022

The following is a summary of the major provisions of the plan as of January 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation	First Day of Covered Employment.												
Credited Employment	Employment when contributions are made by a Contributing Employer.												
Years of Service	Years of service are credited during a plan year according to the following table: <table><tr><th><u>Hours Worked</u></th><th><u>Service Credit</u></th></tr><tr><td>< 400</td><td>0.00</td></tr><tr><td>400 – 799</td><td>0.25</td></tr><tr><td>800 – 999</td><td>0.50</td></tr><tr><td>1,000 – 1,499</td><td>0.75</td></tr><tr><td>1,500 +</td><td>1.00</td></tr></table>	<u>Hours Worked</u>	<u>Service Credit</u>	< 400	0.00	400 – 799	0.25	800 – 999	0.50	1,000 – 1,499	0.75	1,500 +	1.00
<u>Hours Worked</u>	<u>Service Credit</u>												
< 400	0.00												
400 – 799	0.25												
800 – 999	0.50												
1,000 – 1,499	0.75												
1,500 +	1.00												
Accrued Benefit	A monthly benefit equal to \$68 for each year of Service.												
Normal Retirement	<u>Eligibility</u> : Age 65. <u>Benefit</u> : The Accrued Benefit.												
Early Retirement	<u>Eligibility</u> : Terminating covered employment at or after age 60 with 5 years of vesting service and at least 400 hours of service in covered employment during the plan year of termination or the preceding plan year. <u>Benefit</u> : The Accrued Benefit.												
Vested Termination	<u>Eligibility</u> : Five Years of Service. <u>Benefit</u> : The Accrued Benefit payable in full at age 60.												

Plan Provisions (continued)

Disability Retirement	<u>Eligibility</u>: Total and Permanent Disability before age 62 with 400 hours of service during the plan year of disablement or the preceding plan year, and credited with 10 or more years of service as of the date of termination. Eligibility is based on Social Security approval. <u>Benefit</u>: If credited with 20 or more years of service, then the Accrued Benefit. Otherwise, the benefit multiplier (\$68) multiplied by the lesser of 20 years of service and the service credit that the participant could have accrued had they been credited with service until age 62. Upon attaining age 62, if the early retirement benefit is less than the disability benefit, the early retirement benefit plus the amount of the disability benefit in excess of the early retirement benefit.						
Pre-Retirement Death	Upon the death of an active or deferred vested participant before receiving pension benefits, the surviving spouse will receive 50% of the amount the participant would have received had the participant retired.						
Method of Payment	The normal form of benefit is a Single Life Annuity. 50% and 75% Joint and Survivor Annuities with a pop-up feature benefit is provided on an actuarially reduced basis.						
Contributions	The projections reflect the contribution rates as follows: <table><tr><td>2021</td><td>\$ 8.10</td></tr><tr><td>2022</td><td>8.25</td></tr><tr><td>2023</td><td>8.25</td></tr></table>	2021	\$ 8.10	2022	8.25	2023	8.25
2021	\$ 8.10						
2022	8.25						
2023	8.25						

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
<u>Short-Term Investments</u>							
	BNY Melon	Short-Term	Varies	Varies	1,693,142	\$ 1,693,142	\$ 1,693,142
	Dreyfus Government Cash Mgmt	Short-Term	Varies	Varies	1	1	1
	IAM Bank Sweep	Short-Term	Varies	Varies	49,702,548	49,702,548	49,702,548
Total short-term investments						51,395,691	51,395,691
<u>Common Stock</u>							
<u>Domestic Common Stock</u>							
	Abercrombie & Fitch Co.	Equity	N/A	N/A	1,900	287,079	283,993
	Acco Brands Corp.	Equity	N/A	N/A	12,100	65,655	63,525
	Acuity Brands Inc.	Equity	N/A	N/A	1,260	199,122	368,084
	Advansix Inc - W/I	Equity	N/A	N/A	1,000	28,688	28,490
	Aecom	Equity	N/A	N/A	1,100	84,399	117,502
	Aes Corp.	Equity	N/A	N/A	9,100	153,766	117,117
	Affiliated Managers Group Inc.	Equity	N/A	N/A	200	30,139	36,984
	Alaska Air Group Inc.	Equity	N/A	N/A	1,700	87,842	110,075
	Alcoa Corp.	Equity	N/A	N/A	3,600	150,180	136,008
	Altus Midstream Co -A	Equity	N/A	N/A	1,900	109,748	107,749
	American Airlines Group Inc.	Equity	N/A	N/A	12,900	182,864	224,847
	American Homes 4 Rent- A	Equity	N/A	N/A	10,300	391,920	385,426
	Amkor Technology Inc.	Equity	N/A	N/A	7,100	156,618	182,399
	Antero Midstream Corp.	Equity	N/A	N/A	9,200	114,581	138,828
	Applied Indl Technologies Inc.	Equity	N/A	N/A	460	108,653	110,156
	Aptargroup Inc	Equity	N/A	N/A	100	17,550	15,710
	Aramark	Equity	N/A	N/A	9,500	334,488	354,445
	Arrow Electronics Inc.	Equity	N/A	N/A	1,700	215,273	192,304
	Asgn Inc.	Equity	N/A	N/A	200	19,080	16,668
	Aspen Technology Inc.	Equity	N/A	N/A	500	119,378	124,815
	Associated Banc Corp.	Equity	N/A	N/A	5,200	124,758	124,280
	Assurant Inc.	Equity	N/A	N/A	210	35,708	44,776
	Avanos Medical Inc.	Equity	N/A	N/A	3,400	64,904	54,128
	Avantor Inc	Equity	N/A	N/A	17,900	457,887	377,153
	Avient Corporation	Equity	N/A	N/A	5,700	223,171	232,902
	Avista Corp.	Equity	N/A	N/A	2,000	75,213	73,260
	Axalta Coating Systems Ltd	Equity	N/A	N/A	7,000	243,026	239,540
	Belden Inc.	Equity	N/A	N/A	2,300	253,707	259,003
	Bio Rad Laboratories Inc.	Equity	N/A	N/A	380	128,608	124,834
	Biomarin Pharmaceutical Inc.	Equity	N/A	N/A	4,400	354,797	289,212
	Bj'S Wholesale Club Holdings	Equity	N/A	N/A	1,100	74,325	98,285
	Black Hills Corp.	Equity	N/A	N/A	4,200	251,479	245,784
	Block H & R Inc.	Equity	N/A	N/A	1,300	75,812	68,692
	Bloomin Brands Inc.	Equity	N/A	N/A	1,800	29,920	21,978
	Boyd Gaming Corp.	Equity	N/A	N/A	800	48,754	58,032
	Braemar Hotels & Resorts	Equity	N/A	N/A	5,300	11,508	15,900
	Brixmor Property Group Inc.	Equity	N/A	N/A	11,600	323,894	322,944
	Burlington Stores Inc.	Equity	N/A	N/A	230	48,696	65,564
	Bwx Technologies Inc.	Equity	N/A	N/A	1,800	171,878	200,502
	Cabot Corp.	Equity	N/A	N/A	2,400	190,512	219,144
	Caci Intl Inc.	Equity	N/A	N/A	290	141,234	117,177

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Carlisle Companies Inc.	Equity	N/A	N/A	450	\$ 159,725	\$ 165,978
	Churchill Downs Inc.	Equity	N/A	N/A	2,100	291,970	280,434
	Ciena Corp.	Equity	N/A	N/A	800	69,906	67,848
	Cirrus Logic Inc.	Equity	N/A	N/A	900	70,686	89,622
	Clean Harbors Inc.	Equity	N/A	N/A	60	11,107	13,808
	Clearwater Paper Corp - W/I	Equity	N/A	N/A	400	16,953	11,908
	Cno Financial Group Inc.	Equity	N/A	N/A	1,000	25,531	37,210
	Coca Cola Consolidated Inc.	Equity	N/A	N/A	260	169,526	327,597
	Comfort Sys USA Inc.	Equity	N/A	N/A	480	130,197	203,549
	Commercial Metals Co.	Equity	N/A	N/A	3,000	157,115	148,800
	Commvault Systems Inc.	Equity	N/A	N/A	2,100	202,733	316,911
	Conagra Brands Inc.	Equity	N/A	N/A	3,800	103,026	105,450
	Crocs Inc.	Equity	N/A	N/A	1,800	248,015	197,154
	Crown Holdings Inc.	Equity	N/A	N/A	4,200	337,768	347,298
	Cubesmart	Equity	N/A	N/A	5,600	270,191	239,960
	Curtiss Wright Corp.	Equity	N/A	N/A	1,340	256,233	475,526
	Darling Ingredients Inc.	Equity	N/A	N/A	4,400	156,462	148,236
	Deluxe Corporation	Equity	N/A	N/A	6,000	127,373	135,540
	Dentsply Sirona Inc.	Equity	N/A	N/A	11,700	334,129	222,066
	Dick's Sporting Goods, Inc.	Equity	N/A	N/A	300	58,853	68,652
	Dime Cmnty Bancshares Inc.	Equity	N/A	N/A	3,400	64,949	104,499
	Dmc Global Inc.	Equity	N/A	N/A	2,300	39,956	16,905
	Dollar Tree Inc.	Equity	N/A	N/A	2,000	144,312	149,880
	Donaldson Inc.	Equity	N/A	N/A	4,700	272,180	316,545
	Duolingo	Equity	N/A	N/A	1,250	254,543	405,288
	Dynatrace Inc.	Equity	N/A	N/A	3,900	192,823	211,965
	East West Bancorp Inc.	Equity	N/A	N/A	900	90,931	86,184
	Elanco Animal Health Inc.	Equity	N/A	N/A	15,900	215,860	192,549
	Emcor Group Inc.	Equity	N/A	N/A	580	119,323	263,262
	Encompass Health Corp.	Equity	N/A	N/A	1,800	132,613	166,230
	Energys	Equity	N/A	N/A	700	69,596	64,701
	Equitable Holdings Inc.	Equity	N/A	N/A	9,000	407,539	424,530
	Equity Lifestyle Properties	Equity	N/A	N/A	2,600	176,606	173,160
	Erie Indemnity Co.	Equity	N/A	N/A	240	102,582	98,935
	Euronet Worldwide Inc.	Equity	N/A	N/A	1,900	200,273	195,396
	Evercore Inc.	Equity	N/A	N/A	1,410	261,961	390,838
	Exlservice Holdings Inc.	Equity	N/A	N/A	3,600	162,107	159,768
	Expand Energy Corp.	Equity	N/A	N/A	5,100	465,482	507,705
	F.N.B. Corp PA	Equity	N/A	N/A	6,300	87,351	93,114
	F5 Inc.	Equity	N/A	N/A	320	74,535	80,470
	First American Financial W/I	Equity	N/A	N/A	4,800	305,646	299,712
	First Horizon Corporation	Equity	N/A	N/A	7,700	112,592	155,078
	First Indl Realty Trust Inc	Equity	N/A	N/A	5,800	311,446	290,754
	Five Below	Equity	N/A	N/A	300	32,860	31,488
	Flex Ltd	Equity	N/A	N/A	9,800	381,181	376,222
	Flowserve Corp.	Equity	N/A	N/A	6,200	238,127	356,624
	Fluor Corp.	Equity	N/A	N/A	7,400	263,994	364,968
	Flushing Finl Corp.	Equity	N/A	N/A	4,400	53,069	62,832
	Fnf Group- W/I	Equity	N/A	N/A	7,600	331,886	426,664
	Fortune Brands Innovations Inc.	Equity	N/A	N/A	2,500	185,532	170,825

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Gaming And Leisure Prope - W/I	Equity	N/A	N/A	1,200	\$ 59,534	\$ 57,792
	Gap Inc.	Equity	N/A	N/A	13,500	267,398	319,005
	Genesco Inc.	Equity	N/A	N/A	1,300	36,791	55,575
	Genpact Ltd.	Equity	N/A	N/A	2,200	86,774	94,490
	Genworth Financial Inc.	Equity	N/A	N/A	29,900	200,956	209,001
	Glacier Bancorp Inc.	Equity	N/A	N/A	3,200	169,094	160,704
	Globus Medical Inc A	Equity	N/A	N/A	700	57,779	57,897
	Goodyear Tire & Rubber Co.	Equity	N/A	N/A	8,200	100,894	73,800
	Graco Inc	Equity	N/A	N/A	600	51,127	50,574
	Gramham Holdings Company	Equity	N/A	N/A	250	148,204	217,980
	Granite Point Mortgage Trust	Equity	N/A	N/A	11,900	60,311	33,201
	Graphic Packaging Hldg Co	Equity	N/A	N/A	500	14,460	13,580
	Green Dot Corp Class A	Equity	N/A	N/A	5,900	62,711	62,776
	Gxo Logistics Inc - W/I	Equity	N/A	N/A	1,200	72,002	52,200
	Halozyne Therapeutics Inc	Equity	N/A	N/A	4,500	227,513	215,145
	Harley Davidson Inc.	Equity	N/A	N/A	8,200	321,330	247,066
	Henderson Group PLC	Equity	N/A	N/A	7,500	214,962	318,975
	HF Sinclair Corp.	Equity	N/A	N/A	8,300	382,598	290,915
	Houlihan Lokey Inc.	Equity	N/A	N/A	2,000	296,304	347,320
	Illumina Inc.	Equity	N/A	N/A	4,100	433,298	547,883
	Ingredion Inc.	Equity	N/A	N/A	2,650	240,937	364,534
	Intapp Inc.	Equity	N/A	N/A	3,700	196,995	237,133
	Interface Inc.	Equity	N/A	N/A	2,300	37,770	56,005
	ITT Inc	Equity	N/A	N/A	1,850	171,400	264,328
	Jazz Pharmaceuticals PLC	Equity	N/A	N/A	640	84,566	78,816
	Jones Lang Lasalle Inc.	Equity	N/A	N/A	1,750	253,125	442,995
	Kb Home	Equity	N/A	N/A	2,300	124,892	151,156
	Kemper Corp.	Equity	N/A	N/A	3,900	263,755	259,116
	Kirby Corp.	Equity	N/A	N/A	2,800	250,185	296,240
	Kite Realty Group Trust	Equity	N/A	N/A	9,200	241,558	232,208
	Knife River Corp - W/I	Equity	N/A	N/A	200	16,484	20,328
	Knight Swift Transportation	Equity	N/A	N/A	700	38,326	37,128
	Kyndryl Holdings Inc - W/I	Equity	N/A	N/A	12,200	182,480	422,120
	L Brands Inc - W/I	Equity	N/A	N/A	5,600	214,283	217,112
	Lamar Advertising Co-A	Equity	N/A	N/A	300	37,258	36,522
	Landstar Sys Inc.	Equity	N/A	N/A	300	56,281	51,558
	Lear Corp - W/I	Equity	N/A	N/A	300	39,979	28,410
	Lennox International Inc.	Equity	N/A	N/A	540	307,481	329,022
	Liberty Latin Americ-Cl A - W/I	Equity	N/A	N/A	3,400	23,943	21,624
	Life Time Group Holdings Inc.	Equity	N/A	N/A	600	14,712	13,272
	Livanova PLC	Equity	N/A	N/A	3,800	179,542	175,978
	Louisiana Pacific Corp	Equity	N/A	N/A	3,000	266,016	310,650
	Macy's Inc.	Equity	N/A	N/A	9,900	205,038	167,607
	Manhattan Assocs Inc.	Equity	N/A	N/A	1,270	334,793	343,205
	Manpower Group Inc.	Equity	N/A	N/A	2,900	212,331	167,388
	Marcus Corp.	Equity	N/A	N/A	1,900	41,258	40,850
	Marriott Vacations Worldwide	Equity	N/A	N/A	700	65,811	62,860
	Mastec Inc.	Equity	N/A	N/A	2,800	292,619	381,192
	Mattel Inc.	Equity	N/A	N/A	15,600	285,234	276,588
	Maximus Inc.	Equity	N/A	N/A	700	61,006	52,255

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Mks Instrs Inc.	Equity	N/A	N/A	1,900	\$ 211,461	\$ 198,341
	Morningstar Inc.	Equity	N/A	N/A	980	287,195	330,025
	Mrc Global Inc.	Equity	N/A	N/A	4,800	60,269	61,344
	Mueller Industries Inc.	Equity	N/A	N/A	1,500	118,023	119,040
	Murphy Oil Corp.	Equity	N/A	N/A	8,800	309,300	266,288
	Murphy Usa Inc - W/I	Equity	N/A	N/A	30	15,600	15,053
	Mvb Financial Corp	Equity	N/A	N/A	2,600	53,430	53,820
	National Fuel Gas Co.	Equity	N/A	N/A	3,100	174,137	188,108
	Neurocrine Biosciences Inc.	Equity	N/A	N/A	3,000	370,223	409,500
	New Jersey Resources Corp.	Equity	N/A	N/A	3,700	173,924	172,605
	New York Times Co.	Equity	N/A	N/A	3,200	152,645	166,560
	Nordstrom Inc.	Equity	N/A	N/A	8,000	188,720	193,200
	Nov Inc.	Equity	N/A	N/A	9,500	161,581	138,700
	Nrg Energy, Inc.	Equity	N/A	N/A	300	22,114	27,066
	Nvent Electric PLC - W/I	Equity	N/A	N/A	4,300	282,446	293,088
	Omega Healthcare Invs Inc.	Equity	N/A	N/A	4,600	156,343	174,110
	Onto Innovation Inc.	Equity	N/A	N/A	1,980	349,697	330,007
	Oshkosh Corporation	Equity	N/A	N/A	1,600	163,286	152,112
	Ovintiv Inc.	Equity	N/A	N/A	7,900	386,096	319,950
	Owens Corning Inc.	Equity	N/A	N/A	1,200	92,579	204,384
	Parsons Corp.	Equity	N/A	N/A	800	82,915	73,800
	Paylocity Holding Corp.	Equity	N/A	N/A	200	39,400	39,894
	Pbf Energy Inc.	Equity	N/A	N/A	4,300	169,949	114,165
	Perrigo Co Ltd.	Equity	N/A	N/A	4,900	151,430	125,979
	Pitney Bowes Inc.	Equity	N/A	N/A	3,500	27,112	25,340
	Playtika Holding Corp.	Equity	N/A	N/A	1,800	12,334	12,492
	Portland General Electric Co.	Equity	N/A	N/A	6,000	250,068	261,720
	Primerica Inc.	Equity	N/A	N/A	1,220	306,057	331,132
	Primis Financial Corp.	Equity	N/A	N/A	7,200	64,233	83,952
	Pure Storage Inc - Class A	Equity	N/A	N/A	4,400	278,905	270,292
	PVH Corp.	Equity	N/A	N/A	800	78,645	84,600
	Rambus Inc Del	Equity	N/A	N/A	3,000	173,563	158,580
	Rb Global Inc.	Equity	N/A	N/A	600	46,634	54,126
	Regal Rexnord Corporation	Equity	N/A	N/A	100	14,355	15,513
	Reliance Inc.	Equity	N/A	N/A	70	18,427	18,848
	Repligen Corp.	Equity	N/A	N/A	1,100	161,075	158,334
	Resideo Technologies Inc.	Equity	N/A	N/A	8,100	169,897	186,705
	Rli Corp.	Equity	N/A	N/A	100	14,139	16,483
	Rocket Lab Usa Inc.	Equity	N/A	N/A	4,500	100,854	114,615
	Rpm International Inc.	Equity	N/A	N/A	500	59,743	61,530
	Ryder System Inc.	Equity	N/A	N/A	2,100	242,134	329,406
	Sally Beauty Co.	Equity	N/A	N/A	1,200	13,862	12,540
	Sarepta Therapeutics Inc.	Equity	N/A	N/A	800	123,226	97,272
	Science Applications	Equity	N/A	N/A	2,400	294,858	268,272
	Sei Investment Co.	Equity	N/A	N/A	4,100	302,817	338,168
	Selectquote Inc.	Equity	N/A	N/A	8,200	13,423	30,504
	Sensata Technologies Holding	Equity	N/A	N/A	6,100	201,858	167,140
	Skechers U S A Inc.	Equity	N/A	N/A	4,600	292,282	309,304
	Sonoco Products Co.	Equity	N/A	N/A	5,100	264,736	249,135
	Sotera Health Co.	Equity	N/A	N/A	1,500	19,863	20,520

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Southwest Gas Holdings Inc.	Equity	N/A	N/A	3,400	\$ 249,607	\$ 240,414
	Spok Holdings Inc.	Equity	N/A	N/A	2,000	29,148	32,100
	Sprouts Farmers Markets Inc.	Equity	N/A	N/A	2,100	247,584	266,847
	Stifel Finl Corp.	Equity	N/A	N/A	800	56,457	84,864
	Synaptics Inc.	Equity	N/A	N/A	3,500	258,088	267,120
	Synovus Financial Corp.	Equity	N/A	N/A	6,100	267,899	312,503
	Taylor Morrison Home Corp.	Equity	N/A	N/A	4,000	178,187	244,840
	Td Synnex Corp.	Equity	N/A	N/A	900	76,961	105,552
	Tenet Healthcare Corp.	Equity	N/A	N/A	2,900	302,289	366,067
	Teradata Corp.	Equity	N/A	N/A	8,600	279,649	267,890
	Terex Corp.	Equity	N/A	N/A	2,400	104,865	110,928
	Tetra Tech Inc.	Equity	N/A	N/A	1,150	54,389	45,816
	Texas Cap Bancshares Inc.	Equity	N/A	N/A	2,000	147,592	156,400
	Texas Pacific Land Corp.	Equity	N/A	N/A	20	20,026	22,119
	Texas Roadhouse Inc.	Equity	N/A	N/A	2,150	219,398	387,925
	Toro Co.	Equity	N/A	N/A	4,000	339,546	320,400
	Trueblue Inc.	Equity	N/A	N/A	3,900	48,398	32,760
	Ufp Industries Inc.	Equity	N/A	N/A	1,900	231,337	214,035
	United Sts Stl Corp.	Equity	N/A	N/A	3,100	87,696	105,369
	United Therapeutics Corp Del	Equity	N/A	N/A	1,250	223,132	441,050
	Universal Display Corp.	Equity	N/A	N/A	100	16,010	14,620
	Unum Group	Equity	N/A	N/A	6,200	234,897	452,786
	Us Foods Holding Corp.	Equity	N/A	N/A	7,200	287,754	485,712
	Valley National Bancorp	Equity	N/A	N/A	6,100	58,180	55,266
	Valmont Industries Inc.	Equity	N/A	N/A	40	10,887	12,267
	Verint Sys Inc.	Equity	N/A	N/A	1,000	25,936	27,450
	Visteon Corp.	Equity	N/A	N/A	1,300	152,733	115,336
	Vontier Corp.	Equity	N/A	N/A	1,300	42,818	47,411
	Vornado Realty Trust	Equity	N/A	N/A	7,500	250,928	315,300
	Voya Finl Inc.	Equity	N/A	N/A	800	60,798	55,064
	W P Carey Inc.	Equity	N/A	N/A	2,700	154,232	147,096
	Washington Trust Bancorp	Equity	N/A	N/A	600	19,033	18,810
	Watsco Inc.	Equity	N/A	N/A	120	58,882	56,867
	Webster Financial Corp.	Equity	N/A	N/A	6,000	325,889	331,320
	Wesco International Inc.	Equity	N/A	N/A	1,900	298,620	343,824
	Westlake Corporation	Equity	N/A	N/A	100	15,032	11,465
	Williams Sonoma Inc.	Equity	N/A	N/A	2,940	230,813	544,429
	Wintrust Finl Corp.	Equity	N/A	N/A	1,850	170,943	230,714
	Zillow Group Inc.	Equity	N/A	N/A	200	12,742	14,810
	Zions Bancorporation N.A.	Equity	N/A	N/A	5,900	279,595	320,074
	Total domestic common stock					36,987,099	41,042,214
<u>Global Common Stock</u>							
	Admiral Group PLC	Equity	N/A	N/A	34,242	869,061	1,133,689
	Airbus SE Bearer	Equity	N/A	N/A	6,981	735,229	1,118,769
	Alcon	Equity	N/A	N/A	11,045	711,761	936,966
	Astrazeneca PLC	Equity	N/A	N/A	27,125	1,799,107	1,777,230
	Atlassian Corp.	Equity	N/A	N/A	2,439	399,720	593,604
	Auckland Intl Airport Ltd	Equity	N/A	N/A	152,019	791,389	740,636
	Auto Trader Group PLC	Equity	N/A	N/A	144,299	1,229,531	1,432,880

WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES PENSION TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Avanza Bank Holding	Equity	N/A	N/A	25,407	\$ 536,581	\$ 627,646
	Bae Systems PLC	Equity	N/A	N/A	59,005	822,895	848,581
	Beiersdorf AG	Equity	N/A	N/A	3,484	410,652	447,309
	Canadian Natl Ry Co.	Equity	N/A	N/A	16,203	1,862,502	1,644,767
	Cleanaway Waste Management Ltd	Equity	N/A	N/A	427,119	773,061	700,624
	Deutsche Boerse	Equity	N/A	N/A	7,643	1,302,110	1,759,974
	Experian PLC	Equity	N/A	N/A	20,105	827,435	867,295
	Fincobank Banca Fineco	Equity	N/A	N/A	36,243	505,802	630,061
	Globant S A	Equity	N/A	N/A	5,831	1,122,110	1,250,283
	Halma PLC	Equity	N/A	N/A	28,798	823,973	969,676
	HDFC BK Ltd.	Equity	N/A	N/A	21,926	1,355,677	1,400,194
	Hensoldt	Equity	N/A	N/A	18,120	605,350	647,269
	Hermes Intl	Equity	N/A	N/A	428	966,826	1,028,997
	IMCD	Equity	N/A	N/A	7,897	1,125,329	1,173,335
	Infineon Technologies AG	Equity	N/A	N/A	47,872	1,771,577	1,556,392
	Intermediate Capital Group PLC	Equity	N/A	N/A	31,788	786,628	822,369
	Keyence Corp'd	Equity	N/A	N/A	3,700	1,621,880	1,521,559
	L'Air Liquide Co. Ltd.	Equity	N/A	N/A	8,086	1,305,091	1,313,772
	Lonza Group AG	Equity	N/A	N/A	2,073	1,103,889	1,225,816
	LVMH Ord	Equity	N/A	N/A	2,021	1,496,350	1,329,811
	Mercadolibre Inc.	Equity	N/A	N/A	674	716,138	1,146,097
	Roche Holding	Equity	N/A	N/A	5,181	1,359,810	1,460,924
	SMC Corp.	Equity	N/A	N/A	1,400	658,017	553,900
	Sociedad Quimica Y Minera De Chile	Equity	N/A	N/A	30,229	1,171,861	1,099,126
	Softcat PLC	Equity	N/A	N/A	47,022	940,747	897,345
	Sony Group Corp.	Equity	N/A	N/A	38,500	665,283	825,305
	Spirax Group PLC	Equity	N/A	N/A	9,565	958,528	821,043
	Taiwan Semiconductor Mfg Co.	Equity	N/A	N/A	8,440	801,090	1,666,816
	Techtronic Industries Co. Ltd.	Equity	N/A	N/A	104,000	1,223,061	1,372,345
	Tencent Hldgs Ltd.	Equity	N/A	N/A	25,700	1,034,563	1,379,670
	West Fraser Timber Inc.	Equity	N/A	N/A	19,117	1,536,615	1,655,787
	Total global common stock					38,727,229	42,377,862
	Total common stock					75,714,328	83,420,076

Corporate Bonds

Albertsons Cos/Safeway	Bond	3/15/2026	3.250%	385,000	383,671	375,598
American Airlines/Aadvan	Bond	4/20/2026	5.500%	277,500	273,076	276,604
American Airlines/Aadvan	Bond	4/20/2029	5.750%	100,000	98,416	99,169
Boyd Gaming Corp.	Bond	12/1/2027	4.750%	375,000	354,248	362,546
Brinks Co/The	Bond	6/15/2029	6.500%	245,000	247,375	248,288
Centene Corp.	Bond	12/15/2027	4.250%	370,000	344,392	358,419
Charter Comm Opt LLC/Cap	Bond	7/23/2025	4.908%	360,000	363,314	359,572
Clearway Energy Op LLC	Bond	3/15/2028	4.750%	395,000	383,606	377,750
Cleveland-Cliffs Inc.	Bond	11/1/2029	6.875%	35,000	35,000	34,626
Crown Amer/Cap Corp VI	Bond	2/1/2026	4.750%	385,000	373,652	380,792
DCP Midstream Operating	Bond	7/15/2025	5.375%	70,000	75,431	70,087
Esab Corp.	Bond	4/15/2029	6.250%	245,000	245,419	248,048
Fortress Trans & Infrast	Bond	5/1/2028	5.500%	385,000	363,388	376,545
Genting NY LLC/Genny Cap	Bond	10/1/2029	7.250%	135,000	135,634	139,099
GFL Environmental Inc	Bond	8/1/2025	3.750%	180,000	185,677	178,225
GGAM Finance Ltd.	Bond	5/15/2026	7.750%	215,000	215,000	217,980

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	GGAM Finance Ltd Series 144A	Bond	2/15/2027	8.000%	140,000	\$ 140,854	\$ 144,404
	GLP Capital Lp / Fin II	Bond	4/15/2026	5.375%	295,000	294,238	295,006
	GLP Capital Lp / Fin II	Bond	6/1/2025	5.250%	65,000	64,277	64,985
	HAT Holdings I LLC/HAT	Bond	6/15/2026	3.375%	360,000	338,478	348,833
	HAT Holdings I LLC/HAT	Bond	6/15/2027	8.000%	25,000	25,213	26,048
	Herc Holdings Inc.	Bond	7/15/2027	5.500%	145,000	144,281	143,147
	Herc Holdings Inc.	Bond	6/15/2029	6.625%	220,000	221,988	222,787
	Hilton Domestic Operating	Bond	5/1/2025	5.375%	295,000	300,164	293,578
	Hilton Worldwide Fin LLC	Bond	4/1/2027	4.875%	25,000	24,481	24,659
	Icahn Enterprises/Fin	Bond	5/15/2026	6.250%	108,000	104,588	107,081
	Icahn Enterprises/Fin	Bond	5/15/2027	5.250%	210,000	194,813	198,824
	International Game Tech	Bond	1/15/2027	6.250%	370,000	372,690	372,338
	Jazz Securities Dac	Bond	1/15/2029	4.375%	405,000	375,850	381,862
	Kinetik Holdings LP	Bond	12/15/2028	6.625%	360,000	362,656	368,284
	Macquarie Airfinance Hld 144A	Bond	5/1/2028	8.375%	195,000	200,051	204,393
	Macquarie Airfinance Hld 144A	Bond	3/26/2029	6.400%	45,000	45,900	46,302
	Onemain Finance Corp.	Bond	1/15/2027	3.500%	300,000	281,908	286,164
	Onemain Finance Corp.	Bond	9/15/2028	3.875%	65,000	60,063	59,900
	Park Intermed Holdings	Bond	10/1/2028	5.875%	180,000	177,450	175,714
	Park Intermed Holdings	Bond	5/15/2029	4.875%	210,000	196,731	197,618
	Phinia Inc.	Bond	4/15/2029	6.750%	370,000	377,241	377,400
	Prime Secsrvc Brw/Financ	Bond	4/15/2026	5.750%	370,000	363,233	369,793
	SBA Communications Corp.	Bond	2/15/2027	3.875%	385,000	394,468	368,568
	Sirius Xm Radio Inc.	Bond	9/1/2026	3.125%	385,000	382,511	369,816
	SLM Corp.	Bond	10/29/2025	4.200%	95,000	96,356	94,151
	SLM Corp.	Bond	11/2/2026	3.125%	290,000	278,629	276,640
	Springleaf Finance Corp.	Bond	3/15/2026	7.125%	30,000	30,480	30,539
	Starwood Property Trust	Bond	3/15/2025	4.750%	153,000	158,309	152,920
	Starwood Property Trust	Bond	7/15/2026	3.625%	65,000	65,150	62,732
	Starwood Property Trust	Bond	1/15/2027	4.375%	170,000	165,513	164,363
	Sunoco LP/Finance Corp.	Bond	3/15/2028	5.875%	260,000	257,400	258,939
	Sunoco LP/Finance Corp.	Bond	4/15/2027	6.000%	105,000	104,290	104,792
	Tallgrass Nrg Prtnr/Fin	Bond	1/15/2028	5.500%	180,000	172,294	173,111
	Tallgrass Nrg Prtnr/Fin	Bond	3/1/2027	6.000%	40,000	39,113	39,632
	Tallgrass Nrg Prtnr/Fin	Bond	2/15/2029	7.375%	150,000	150,000	150,476
	Tegna Inc.	Bond	3/15/2026	4.750%	355,000	363,130	350,126
	Tegna Inc.	Bond	3/15/2028	4.625%	15,000	13,725	14,175
	Tenet Healthcare Corp Sr	Bond	11/1/2027	5.125%	155,000	152,406	151,802
	Tenet Healthcare Corp Sr Sec	Bond	6/1/2029	4.250%	245,000	227,242	230,006
	Teva Pharmaceutical Indu	Bond	5/9/2027	4.750%	155,000	149,261	151,252
	Teva Pharmaceuticals Ne	Bond	10/1/2026	3.150%	215,000	192,166	206,594
	Teva Pharmaceuticals Ne	Bond	3/1/2028	6.750%	15,000	15,113	15,316
	Transdigm Inc.	Bond	8/15/2028	6.750%	210,000	212,563	211,831
	Transdigm Inc.	Bond	3/1/2029	6.375%	155,000	155,044	155,344
	Travel + Leisure Co.	Bond	7/31/2026	6.625%	200,000	199,125	202,138
	Vici Properties / Note	Bond	12/1/2026	4.250%	360,000	373,267	354,028
	Vistra Operations Co. LLC	Bond	9/1/2026	5.500%	375,000	363,756	373,819
	Wesco Distribution Inc.	Bond	3/15/2029	6.375%	175,000	175,853	177,340
	Western Digital Corp.	Bond	2/15/2026	4.750%	355,000	378,880	351,578
	Western Midstream Operat	Bond	2/1/2025	3.100%	265,000	258,304	264,332
	Wyndham Worldwide Corp.	Bond	10/1/2025	5.100%	155,000	164,793	155,394
	XPO Inc.	Bond	6/1/2028	6.250%	375,000	376,850	377,290
	Total corporate bonds					14,810,438	14,801,512

**WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES
PENSION TRUST FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN: 25-6032108
Plan No. 001

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current Value
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
<u>Common Collective Trusts</u>							
Real Estate							
	Union Labor Life Mortgage Investment	CCT	N/A	N/A	197,137	\$ 3,448,326	\$ 3,687,907
	Multiple Employer Property Trust	CCT	N/A	N/A	3,319	21,751,723	41,745,721
	Ameriserv Trust & Financial Services	CCT	N/A	N/A	5,873	14,739,866	26,480,423
Index Funds							
	IBEW - NECA Equity Index Fund	CCT	N/A	N/A	1,748,309	66,447,578	227,329,998
	QMA US Small Cap Core Equity	CCT	N/A	N/A	381,377	49,980,824	74,379,988
	NHIT Core Fixed Income Trust	CCT	N/A	N/A	1,724,437	29,649,529	32,816,044
	Comerica Medium CAP Index	CCT	N/A	N/A	494,460	42,609,744	48,556,120
Total common collective trusts						228,627,590	454,996,201
<u>Mutual Funds</u>							
	Blackrock Strategic Income	Mutual Funds	N/A	N/A	746,338	7,557,038	7,075,246
	Baird Short Term Bond Fund	Mutual Funds	N/A	N/A	4,509,583	42,639,873	42,660,652
	DFA INTL Core Equity Port	Equity	N/A	N/A	2,858,375	40,820,846	44,076,135
	Eaton Vance Floating Rate	Mutual Funds	N/A	N/A	975,371	8,725,959	8,183,360
Total mutual funds						99,743,716	101,995,393
<u>Limited Partnerships</u>							
	Boyd Watterson GSA Fund, LP	Real Estate	N/A	N/A	4,585	4,933,311	4,589,558
	IFM Global Infrastructure	Infrastructure	N/A	N/A	N/A	24,610,601	26,657,593
	Intercontinental Real Estate Fund	Real Estate	N/A	N/A	23,519	24,367,476	27,313,408
	Ullico Infrastructure Tax-Exempt Fund, LP	Infrastructure	N/A	N/A	66,586	17,458,186	19,356,135
Total limited partnerships						71,369,574	77,916,694
Total assets (held at end of year)						\$ 541,661,337	\$ 784,525,567

Western PA Electrical Employees Pension Trust Fund
 EIN/PN: 25- 6032108/ 001
 Schedule MB, Line 8b(2) - Schedule of Active Participant Data

	Years of credited service																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
Attained Age	Average		Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.
Under 25	71	26	189	155	3		0		0		0		0		0		0		0		263	122
25 to 29	34	26	170	212	82	439	3		0		0		0		0		0		0		289	245
30 to 34	32	24	94	361	70	485	76	837	11		0		0		0		0		0		283	460
35 to 39	23	27	65	300	39	500	72	872	64	1,150	1		0		0		0		0		264	649
40 to 44	19		52	321	34	491	70	854	72	1,188	71	1,509	5		0		0		0		323	890
45 to 49	15		26	392	22	463	50	874	38	1,212	96	1,534	31	1,835	0		0		0		278	1,112
50 to 54	11		17		18		41	838	44	1,194	61	1,527	71	1,872	37	2,161	1		0		301	1,357
55 to 59	15		24	344	17		37	836	40	1,177	51	1,532	55	1,879	73	2,182	37	2,508	1		350	1,507
60 to 64	9		14		13		27	835	16		41	1,527	36	1,870	41	2,207	16		8		221	1,517
65 to 69	1		5		2		4		2		2		1		1		4		5		27	1,455
70 & up	1		0		0		0		0		1		0		0		0		1		3	
(missing)	0		1		0		0		0		0		0		0		0		0		1	
Total	231	26	657	183	300	474	380	850	287	1,179	324	1,525	199	1,865	152	2,184	58	2,520	15		2603	890

Western PA Electrical Employees Pension Trust Fund
 EIN/PN: 25- 6032108/ 001
 Schedule MB, lines 9c and 9h Schedule of Funding Standard Account Bases

Schedule of Amortization Bases

	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>		
MINIMUM FUNDING	<u>Amount</u>	<u>Established</u>	<u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
Assumption Change 22	\$ 18,881,701	1/1/2022	13.0	\$ 17,254,556	\$ 1,861,309
Experience Loss 22	96,407,350	1/1/2022	13.0	88,099,371	9,503,584
Plan Change 22	20,763,084	1/1/2022	13.0	18,973,810	2,046,770
Experience Loss 23	3,495,437	1/1/2023	14.0	3,348,100	344,284
Assumption Change 23	13,813,044	1/1/2023	14.0	<u>13,230,807</u>	<u>1,360,520</u>
Subtotal				\$ 140,906,644	\$ 15,116,467
<u>Credits</u>					
Method Change 22	\$ 50,230,189	1/1/2022	13.0	\$ 45,901,563	\$ 4,951,560
Experience Gain 24	9,206,371	1/1/2024	15.0	<u>9,206,371</u>	<u>906,784</u>
Subtotal				\$ 55,107,934	\$ 5,858,344
Net Amortization Balance and Payment				\$ 85,798,710	\$ 9,258,123
Credit Balance as of January 1, 2024				308,812,891	
Unfunded Liability				\$(223,014,181)	

Changes Since Last Year

Plan Changes

None

Method Changes

None

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed from 2.55% to 3.29% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.

Actuarial Methods and Assumptions

As of January 1, 2024

Interest Rates			Current Year	Prior Year
	Minimum/Maximum Funding		6.25%	6.25%
	Present Value of Accrued Benefits		6.25%	6.25%
	Full Funding Limitation			
	Maximum Basis		3.29%	2.55%
	RPA Current Liability		3.29%	2.55%
Mortality	Healthy:	Pri-2012 Blue Collar Dataset Amount-Weighted Mortality with generational projection by Scale MP-2021.		
	Disabled:	Pri-2012 Total Dataset Disabled Amount-Weighted with generational projection by Scale MP-2021.		
Withdrawal Liability	Interest Rate:	Same as Funding calculations		
	Mortality:	Same as Funding calculations		
	Methodology:	Presumptive Method		
	Asset Valuation:	Actuarial Value		
Turnover	Crocker, Sarason, and Strain Table T-5.			
Retirement	Retirement at age 60.			
Disability	100% of the 1955 UAW Study.			
Expenses	Administrative expenses, expressed as of the beginning of the year, are assumed to be prior year non-investment related expenses rounded up to the next \$1,000, and increasing by 2.5% per year for projection purposes.			
Percent Married	80% of the participants are assumed to be married with the female spouse four years younger than the male spouse.			
Asset Valuation	Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value. This method was made effective January 1, 2022.			

Actuarial Methods and Assumptions (continued)

Funding Method	Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years. This method was made effective January 1, 2022.
Incomplete Data	1 Active participant with date of birth missing is assumed to be 32 years old as of the valuation date. 1 Terminated Vested participant with date of birth missing is assumed to be 50 years old as of the valuation date.
Benefit Accrual Rate	Pension credits and expected contributions were projected on the assumption that all active participants would work 1,700 hours annually.
Calculation of Actuarial Present Value of Accrued Plan Benefits	The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.
Projected Industry Activity	For the purpose of the credit balance projection, future covered employment has been estimated to be 1,700 hours per active participant. This assumption has been set with input from the Board of Trustees.

Justification for Significant Assumptions

Mortality – Base Table	The assumption was set by considering recent mortality studies.
Mortality – Projection	The assumption was set by considering recent mortality studies.
Retirement	The assumption was selected by the Plan's prior actuary and is assumed reasonable. The funded position of the Plan makes the current refinement of this assumption less material.
Turnover	The assumption was selected by the Plan's prior actuary and is assumed reasonable. The funded position of the Plan makes the current refinement of this assumption less material.
Projected Industry Activity	This assumption was set with input from the Board of Trustees.
Funding Interest Rates	This assumption is set based upon expectations of the Fund manager for, both, the current and long-term expectations of return on plan investments, based upon the current asset allocation.
Administrative Expenses	The prior year's administrative expenses reduced for irregularly occurring items are the most recent experience, self-adjusting annually, and, as such, were considered the best indication of the next year expense level.

This list constitutes the significant assumptions used in the valuation of plan obligations.

Western PA Electrical Employees Pension Trust Fund

EIN/PN: 25- 6032108/ 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	4,661,254	1,168,566	28,988,522	34,818,342
2025	5,856,328	1,501,076	28,148,256	35,505,659
2026	7,049,118	1,801,826	27,284,968	36,135,912
2027	8,296,793	2,065,593	26,400,444	36,762,830
2028	9,665,163	2,295,551	25,496,238	37,456,952
2029	10,733,260	2,537,579	24,573,636	37,844,475
2030	11,841,284	2,752,456	23,633,965	38,227,705
2031	12,770,787	3,032,466	22,678,833	38,482,086
2032	13,557,089	3,278,111	21,710,107	38,545,308
2033	14,271,745	3,461,525	20,729,923	38,463,193
2034	14,770,439	3,683,646	19,706,585	38,160,670
2035	15,489,686	3,863,662	18,707,394	38,060,742
2036	16,060,176	4,045,116	17,704,486	37,809,778
2037	16,431,013	4,237,655	16,700,548	37,369,216
2038	16,850,887	4,323,244	15,698,209	36,872,341
2039	17,140,598	4,399,037	14,699,805	36,239,441
2040	17,696,104	4,462,481	13,707,927	35,866,512
2041	18,020,058	4,568,372	12,725,419	35,313,848
2042	18,227,621	4,639,067	11,755,396	34,622,085
2043	18,400,170	4,740,273	10,801,132	33,941,576
2044	18,520,104	4,764,040	9,866,156	33,150,300
2045	18,464,366	4,734,307	8,954,146	32,152,820
2046	18,362,851	4,714,387	8,069,159	31,146,397
2047	18,313,143	4,693,112	7,215,613	30,221,868
2048	18,088,754	4,643,828	6,398,072	29,130,653
2049	17,841,698	4,682,538	5,621,360	28,145,596
2050	17,629,548	4,597,809	4,890,318	27,117,675
2051	17,214,048	4,481,849	4,209,532	25,905,429
2052	16,797,878	4,353,501	3,583,128	24,734,507
2053	16,370,897	4,182,589	3,014,372	23,567,858
2054	15,851,491	4,024,371	2,505,272	22,381,133
2055	15,297,365	3,846,443	2,056,378	21,200,186
2056	14,700,965	3,663,279	1,666,730	20,030,974
2057	14,089,745	3,479,375	1,333,733	18,902,853
2058	13,466,220	3,285,164	1,053,679	17,805,062
2059	12,830,235	3,090,518	821,820	16,742,574
2060	12,186,458	2,897,544	632,903	15,716,905
2061	11,534,996	2,707,472	481,394	14,723,862
2062	10,875,251	2,521,072	361,793	13,758,116
2063	10,218,882	2,339,042	268,848	12,826,772

Western PA Electrical Employees Pension Trust Fund

EIN/PN: 25- 6032108/ 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	9,579,121	2,162,078	197,723	11,938,922
2065	8,948,681	1,990,939	144,102	11,083,722
2066	8,337,442	1,826,945	104,229	10,268,617
2067	7,751,596	1,670,707	74,947	9,497,250
2068	7,191,036	1,522,291	53,669	8,766,996
2069	6,655,828	1,381,836	38,345	8,076,009
2070	6,145,932	1,248,810	27,380	7,422,121
2071	5,660,109	1,123,016	19,564	6,802,690
2072	5,198,392	1,005,188	14,000	6,217,580
2073	4,760,820	895,261	10,032	5,666,113

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
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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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IBEW LOCAL UNION NO 5 & WESTERN P 5 HOT METAL STREET, SUITE 200 PITTSBURGH PA 15203-2352	1c Effective date of plan 02/01/1949 2b Employer Identification Number (EIN) 25-6032108 2c Plan Sponsor's telephone number 412-432-1155 2d Business code (see instructions) 238210

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

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

SIGN HERE		7/16/25	THOMAS R. MCINTYRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	4,966
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,603
a (2) Total number of active participants at the end of the plan year	6a(2)	2,503
b Retired or separated participants receiving benefits	6b	1,361
c Other retired or separated participants entitled to future benefits	6c	586
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,450
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	319
f Total. Add lines 6d and 6e	6f	4,769
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	146
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

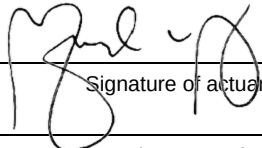
A Name of plan WESTERN PA ELECTRICAL EMPLOYEES PENSION TRUST FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, IBEW LOCAL UNION NO 5 & WESTERN PA CHAPTER NECA	D Employer Identification Number (EIN) 25-6032108

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	734,617,983
(2) Actuarial value of assets for funding standard account.....	1b(2)	746,148,878
c (1) Accrued liability for plan using immediate gain methods	1c(1)	523,134,697
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	523,134,697
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	781,604,041
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	17,268,854
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	34,685,550
(3) Expected plan disbursements for the plan year	1d(3)	34,818,342

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

SIGN HERE  Signature of actuary BRADFORD L. RIGBY Type or print name of actuary ACRISURE Firm name	6/27/2025 Date 2307217 Most recent enrollment number 412-394-9330 Telephone number (including area code)
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444 LIBERTY AVE SUITE 605
PITTSBURGH PA 15222
Address of the firm

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	734,617,983
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,690	360,828,225
(2) For terminated vested participants	673	78,439,710
(3) For active participants:		
(a) Non-vested benefits		10,634,623
(b) Vested benefits		331,701,483
(c) Total active	2,603	342,336,106
(4) Total	4,966	781,604,041
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	39,078,723	0			
Totals ▶			3(b)	39,078,723	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	142.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.25 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,082,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9,206,371	906,784

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	9,789,957

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	140,906,644
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1,556,652
e Total charges. Add lines 9a through 9d.....	9e	26,463,076

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	308,812,891
g Employer contributions. Total from column (b) of line 3.....	9g	39,078,723

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	55,107,934
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	113,780,723
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	0
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	374,441,338
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	347,978,262
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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