

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A                                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>01/01/1968                                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES<br><br>8960 L STREET SUITE 101<br>OMAHA, NE 68127-1406 |
| 2b      | Employer Identification Number (EIN)<br>47-6061061                                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>402-592-3753                                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>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. | 08/28/2025 | BARRY MAYFIELD, CHAIRMAN                                     |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 08/27/2025 | TOM FALCON, SECRETARY                                        |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES<br><br>8960 L STREET SUITE 101<br>OMAHA, NE 68127-1406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>3b</b> Administrator's EIN<br>47-6061061                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>3c</b> Administrator's telephone number<br>402-592-3753                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>4b</b> EIN                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>4d</b> PN                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>5</b> 2656                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |  | <b>6a(1)</b> 1513<br><b>6a(2)</b> 1452<br><b>6b</b> 494<br><b>6c</b> 493<br><b>6d</b> 2439<br><b>6e</b> 232<br><b>6f</b> 2671<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>7</b> 50                                                                                                                                                                |

**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:

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

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

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                |                                                      |     |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                     |                                                      |     |
| A Name of plan<br>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A                            | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES | D Employer Identification Number (EIN)<br>47-6061061 |     |

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

1 Coverage Information:

|                                             |
|---------------------------------------------|
| (a) Name of insurance carrier               |
| THE PRUDENTIAL INSURANCE COMPANY OF AMERICA |

| (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     |
| 22-1211670 | 68241         | 030574                                |                                                                             | 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 |
|                                      |                               |

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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 9642133 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

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

|                                                                                                                                              |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A</div>                                       | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES</div> | <div>D Employer Identification Number (EIN)</div> <div>47-6061061</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 01 Day 01 Year 2024</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>188592044</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>196300762</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>183335137</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>183335137</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>342515012</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>17711499</div>  |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>8702191</div>   |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>8822716</div>      |

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.

|                                                                                            |                                                                  |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                       | <div>07/16/2025</div>                                            |
| <div>Signature of actuary</div> <div>PAUL WEDDING, ASA, EA, MAAA</div>                     | <div>Date</div> <div>23-08071</div>                              |
| <div>Type or print name of actuary</div> <div>UNITED ACTUARIAL SERVICES, INC.</div>        | <div>Most recent enrollment number</div> <div>317-580-8667</div> |
| <div>Firm name</div> <div>11590 N MERIDIAN STREET, STE 610<br/>CARMEL, IN 46032-4529</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                             |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 188592044                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 698                               | 99896473                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 445                               | 46807212                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 30026640                     |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 165784687                    |
| <b>(c)</b> Total active .....                                                                                                       | 1513                              | 195811327                    |
| <b>(4)</b> Total .....                                                                                                              | 2656                              | 342515012                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 55.06 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 12/31/2024                                                                      | 9759087                           |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 9759087                           | <b>3(c)</b>                     |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |

0

**4** Information on plan status:

|                                                                                                                                                                                                                                     |           |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                    | <b>4a</b> | 107.1 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                              | <b>4b</b> | N       |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                  |           |         |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |           |         |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                               | <b>4e</b> |         |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                                                                                | <b>4f</b> |         |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                                                                              |           |         |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                                                                               |           |         |
| • 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):

|                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |                                                            |                                                                            |                                             |

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |              |                                                                                                                                                 |                                         |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            |              | <b>6a</b>                                                                                                                                       |                                         | 2.77 %                                                                                           |
|                                                                                                                         |              | Pre-retirement                                                                                                                                  |                                         | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        |              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |              |                                                                                                                                                 |                                         |                                                                                                  |
| (1) Males .....                                                                                                         | <b>6c(1)</b> | A                                                                                                                                               |                                         | A                                                                                                |
| (2) Females .....                                                                                                       | <b>6c(2)</b> | AF                                                                                                                                              |                                         | AF                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>    | 6.50 %                                                                                                                                          |                                         | 6.50 %                                                                                           |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>    | %                                                                                                                                               | <input checked="" type="checkbox"/> N/A |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                            |              |                                                                                                                                                 |                                         |                                                                                                  |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b> | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                         |                                                                                                  |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b> | 6.50 %                                                                                                                                          |                                         |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>    | 6.3 %                                                                                                                                           |                                         |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>    | 11.4 %                                                                                                                                          |                                         |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>    | <input checked="" type="checkbox"/> N/A                                                                                                         |                                         |                                                                                                  |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b> | %                                                                                                                                               |                                         |                                                                                                  |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b> | 392252                                                                                                                                          |                                         |                                                                                                  |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b> | <input type="checkbox"/>                                                                                                                        |                                         |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -207923             | -20764                         |
| 4                | -510650             | -50994                         |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |              |                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|----------------------------------------|
| <b>a</b> 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 .....                                                                                                                                                                                                               |              | <b>8a</b>                               |                                        |
| <b>b</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. ....                                                                                                                                                                                                                    |              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                           |              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                            |              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>c</b> 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? .....                                                                                                                                                                                                 |              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>d</b> 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? .....                                                                                                                                                                                                                                                                                    |              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                        | <b>8d(2)</b> |                                         |                                        |
| (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? .....                                                                                                                                                                                                                               |              | <input type="checkbox"/> Yes            | <input type="checkbox"/> 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)) .....                                                                                                                                                                                                                         | <b>8d(4)</b> |                                         |                                        |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                                 | <b>8d(5)</b> |                                         |                                        |
| (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? .....                                                                                                                                                                                        |              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| <b>e</b> 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). .... |              | <b>8e</b>                               |                                        |

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> |         |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 7379711 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 44415187            | 6916135 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 929231**e** Total charges. Add lines 9a through 9d.....**9e** 15225077**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 23460119**g** Employer contributions. Total from column (b) of line 3.....**9g** 9759087**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 2168647**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit .....

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9h</b>    | 33920693            | 5024139 |
| <b>9j(1)</b> | 27246228            |         |
| <b>9j(2)</b> | 125601193           |         |

**k** (1) Waived funding deficiency .....

(2) Other credits .....

**9j(3)****9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 40411992**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 25186915**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.....

(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 .....

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

(3) Total as of valuation date .....

**9o(1)****9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                                              |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A</div>                            | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>47-6061061</div> |

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).....

X

YesNo
- 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

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

(b)

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

ABS INVESTMENT MANAGEMENT LLC

13-4205457

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

FIRST NATIONAL BANK OF OMAHA

47-0259043

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28                  |                                                                                                   | 105944                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

UNITED ACTUARIAL SERVICES, INC.

35-2156428

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 11                  |                                                                                                   | 45067                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ASSET CONSULTING GROUP, LLC

43-1512721

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     |                                                                                                   | 60000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

DEBOER & ASSOCIATES, PC

47-0836395

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     |                                                                                                   | 27155                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLAKE & UHLIG, P.A.

48-0918231

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     |                                                                                                   | 68660                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PIONEER INSTITUTIONAL ASSET MGMT

43-2095408

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 19 27               |                                                                                                   | 107629                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     |                                                                                                   | 126635                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                                       |                                                      |     |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                            |                                                      |     |
| A Name of plan<br>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A                                   | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES | D Employer Identification Number (EIN)<br>47-6061061 |     |

|                                                                                       |                                                                                                                                                                           |                                                                                                       |  |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER MULTI SECTOR FIXED INCOME             |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC              |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 38-4065337-435                                                               | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40619917 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II SA                                   |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.                   |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 22-1211670-039                                                               | d Entity code P                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9642133  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP NL FUND                      |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-0025081-004                                                               | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43709355 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                            |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                              | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                            |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                              | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                            |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                              | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                            |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                              | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A                                                                                                                                                          |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES                                                                                                                               |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>47-6061061 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 748933                |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 792975                | 895534          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 191966                | 231215          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1705615               | 2598309         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 17716037              | 21440242        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 14804432              | 13605375        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 68775647              | 84329272        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 7848911               | 9642133         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 51866235              | 56829432        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 24290260              | 20217129        |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       | 3312            |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 188741011             | 209791953       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 125106                | 127631          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 23861                 | 10362           |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 148967                | 137993          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 188592044             | 209653960       |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 9759087    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 9759087   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 85068      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 677759     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 493724     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1256551   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 410827     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 410827    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 12925457   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 11166463   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 122245     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 11553625  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -206778   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 4570526   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 422       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 29225499  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 7483747 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 7483747 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 126635  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 7755    |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 19400   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 260870  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 12703   |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 42900   |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 68660   |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 5172    |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 135741  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 679836  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 8163583 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 21061916 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DEBOER & ASSOCIATES, PC**

(2) EIN: **47-0836395**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560627.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>IBEW LOCAL UNION NO. 22/NECA DEFINED BENEFIT PENSION FUND, PLAN A                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION NO. 22/NECA JOINT BOARD OF TRUSTEES                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>47-6061061                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 **MILLER ELECTRIC COMPANY**

**b** EIN **47-0552848**

**c** Dollar amount contributed by employer **3958762**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

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

**b** EIN **47-0708027**

**c** Dollar amount contributed by employer **1436135**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer **ELECTRIC COMPANY OF OMAHA**

**b** EIN **47-0647959**

**c** Dollar amount contributed by employer **523961**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer **THOMPSON SOLUTIONS GROUP**

**b** EIN **42-0844602**

**c** Dollar amount contributed by employer **384636**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

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

**b** EIN **47-0525701**

**c** Dollar amount contributed by employer **307005**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer **OMAHA ELECTRIC SERVICE, INC**

**b** EIN **47-0719281**

**c** Dollar amount contributed by employer **260817**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

(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 **PAYNECREST ELECTRIC**

**b** EIN **43-1463306**

**c** Dollar amount contributed by employer **248532**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer **POWER TECH**

**b** EIN **81-2043871**

**c** Dollar amount contributed by employer **195746**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer **ABC ELECTRIC, INC**

**b** EIN **47-0355877**

**c** Dollar amount contributed by employer **185056**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

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

**b** EIN **47-0345147**

**c** Dollar amount contributed by employer **162410**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.59**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

**14a**

0

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

**14b**

0

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

**14c**

0

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

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

**15a**

1.07

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

**15b**

1.08

**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: 48.1 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %

High-Yield Debt: 2.6 % Real Assets: 9.1 % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 5.2 %

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

**IBEW Local 22/NECA Pension,  
Plan A**

FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

YEARS ENDED  
December 31, 2024 and 2023

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## Financial Statements

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Chris Wassenaar, CPA  
Eryn Stevens, CPA

Brad Yoder, CPA  
Chery DeBoer, CPA

## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
IBEW Local 22/NECA Pension, Plan A  
Omaha, NE

### **Opinion**

We have audited the accompanying financial statements of IBEW Local 22/NECA Pension, Plan A, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IBEW Local 22/NECA Pension, Plan A as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW Local 22/NECA Pension, Plan A and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 22/NECA Pension, Plan A's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 22/NECA Pension, Plan A's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 22/NECA Pension, Plan A'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 supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

*De Boer & Associates, PC*

August 4, 2025

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

|                                               | 2024                         | 2023                         |
|-----------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                                 |                              |                              |
| Investments at fair value (Notes 2 and 6)     |                              |                              |
| U.S. government and federal agency securities | \$ 21,440,242                | \$ 17,716,037                |
| State and municipal bonds                     | 66,076                       | 229,659                      |
| Corporate bonds                               | 13,539,300                   | 14,574,773                   |
| Common/collective trusts                      | 84,329,272                   | 68,775,647                   |
| Pooled separate accounts                      | 9,642,133                    | 7,848,911                    |
| Hedge fund                                    | 10,852,438                   | 17,264,659                   |
| Real estate fund                              | 9,364,691                    | 7,025,601                    |
| Mutual funds                                  | 56,829,432                   | 51,866,235                   |
| Money market funds                            | 2,570,428                    | 1,705,615                    |
| Total investments                             | <u>208,634,012</u>           | <u>187,007,137</u>           |
| Cash and cash equivalents                     | 27,881                       | 748,933                      |
| Receivables                                   |                              |                              |
| Employer contributions (Notes 1 and 2)        | 895,534                      | 792,975                      |
| Accrued interest and dividends                | 220,527                      | 181,891                      |
| Other receivables                             | -                            | 10,075                       |
| Total receivables                             | <u>1,116,061</u>             | <u>984,941</u>               |
| Due from IBEW 22/NECA HW Plan                 | 10,687                       | -                            |
| Prepaid expenses                              | 3,312                        | -                            |
| <b>Total assets</b>                           | <b><u>209,791,953</u></b>    | <b><u>188,741,011</u></b>    |
| <b>LIABILITIES</b>                            |                              |                              |
| Accounts payable                              | 127,631                      | 125,106                      |
| Reciprocal contributions payable              | 10,362                       | 23,861                       |
| <b>Total liabilities</b>                      | <b><u>137,993</u></b>        | <b><u>148,967</u></b>        |
| <b>Net assets available for benefits</b>      | <b><u>\$ 209,653,960</u></b> | <b><u>\$ 188,592,044</u></b> |

The accompanying notes are an integral part of these financial statements.

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

|                                                   | 2024                  | 2023                  |
|---------------------------------------------------|-----------------------|-----------------------|
| <b>Additions to plan assets attributed to:</b>    |                       |                       |
| Investment income                                 |                       |                       |
| Net appreciation in fair value of investments     | \$ 17,798,613         | \$ 17,961,610         |
| Interest and dividends                            | 1,667,377             | 1,401,765             |
| Total investment income                           | 19,465,990            | 19,363,375            |
| Less: investment expenses                         | (260,870)             | (241,473)             |
| Net investment income                             | 19,205,120            | 19,121,902            |
| Employer contributions                            | 9,759,087             | 10,404,209            |
| Other income                                      | 422                   | -                     |
| <b>Total additions</b>                            | <b>28,964,629</b>     | <b>29,526,111</b>     |
| <b>Deductions from plan assets attributed to:</b> |                       |                       |
| Benefits paid directly to participants            | 7,483,747             | 7,040,712             |
| Administrative expenses:                          |                       |                       |
| Audit fees                                        | 19,400                | 18,700                |
| Actuarial fees                                    | 45,692                | 40,708                |
| Administrative expenses                           | 126,635               | 151,477               |
| Bank trustee fees                                 | 11,500                | 11,500                |
| Conference and meeting expense                    | 5,172                 | 9,820                 |
| Information technology expense                    | 2,480                 | 2,480                 |
| Insurance expense                                 | 26,842                | 27,709                |
| Legal fees                                        | 68,660                | 75,085                |
| Office expense                                    | 1,203                 | 2,504                 |
| Payroll audit fees                                | 7,755                 | 3,599                 |
| PBGC insurance                                    | 98,272                | 89,810                |
| Postage and mailing                               | 1,134                 | 808                   |
| Printing expense                                  | 4,221                 | 3,850                 |
| Total administrative expenses                     | 418,966               | 438,050               |
| <b>Total deductions</b>                           | <b>7,902,713</b>      | <b>7,478,762</b>      |
| <b>Net increase during year</b>                   | <b>21,061,916</b>     | <b>22,047,349</b>     |
| Net assets available for benefits                 |                       |                       |
| Beginning of year                                 | 188,592,044           | 166,544,695           |
| <b>End of year</b>                                | <b>\$ 209,653,960</b> | <b>\$ 188,592,044</b> |

The accompanying notes are an integral part of these financial statements.

# IBEW LOCAL 22/NECA PENSION, PLAN A

## NOTES TO FINANCIAL STATEMENTS

### FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the IBEW Local 22/NECA Pension, Plan A (Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

##### General

The IBEW Local 22/NECA Pension, Plan A is a multiemployer defined benefit pension plan. The Plan was established January 1, 1968, by an Agreement and Declaration of Trust executed by the participating employers and the International Brotherhood of Electrical Workers, Local Union No. 22. Management of the Plan rests in the hands of a Board of Trustees consisting of an equal number of Union Trustees and Employer Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The plan is funded entirely by contributions made by the participating employers; the contributions consist of a specified amount per hour of work by eligible Union members. The Plan receives contributions from participating employers who are in the electrical industry in eastern Nebraska and western Iowa. Employers must remit the contributions to the Plan along with a report on a monthly basis. There is no collateral or other security held by the Plan to secure these contributions.

##### Plan Benefits

The Plan provides for the following benefits:

**Normal Retirement Benefit:** At age 65 with five or more years of credited service, or age 62 with ten or more years of credited service.

**Early Retirement Benefit:** After age 55 consist of the normal retirement benefits actuarially reduced for each month the participants' age at early retirement precedes age 62 by 3/10th of 1%.

**Pre-retirement Pension:** A participant may be eligible for pre-retirement pension if:

- a) He has attained age 60 but is not over age 62.
- b) He has 20 years of credited service.
- c) He signs an employee commitment prior to his 60<sup>th</sup> or 61<sup>st</sup> birthday.
- d) He agrees in writing that in the event he fails to live up to any of his commitments he will become indebted to the Plan for benefits received plus 6% interest.

**Disability Benefits:** Disability benefits are outlined in the Plan provision.

##### Death Benefits:

- a. Pre-retirement
- b. Post-retirement

## IBEW LOCAL 22/NECA PENSION, PLAN A

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE 1 – DESCRIPTION OF THE PLAN, Continued

##### Plan Benefits, Continued

###### Vested Termination – Eligibility:

| Years of Credited Service | Prior to 1/1/98<br>Non-Forfeitable Percentage | Effective 1/1/98 |
|---------------------------|-----------------------------------------------|------------------|
| Less than 5               | 0%                                            | 0%               |
| 5, Less than 6            | 25%                                           | 100%             |
| 6, Less than 7            | 40%                                           | 100%             |
| 7, Less than 8            | 55%                                           | 100%             |
| 8, Less than 9            | 70%                                           | 100%             |
| 9, Less than 10           | 85%                                           | 100%             |
| 10, or more               | 100%                                          | 100%             |

Benefit: Monthly payment of accrued normal retirement benefit at normal retirement age or, in a reduced amount, at any early retirement age.

##### Contributions

The Plan is funded by employer contributions based on hours worked by individual members of the Union. Contribution rates are negotiated between the Union and the Employers. Employers must remit the contributions to the plan along with a report on a monthly basis.

#### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

##### Use of Estimates

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

##### 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. For more information on the fair value measurements used on investments see Note 6.

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.

## **IBEW LOCAL 22/NECA PENSION, PLAN A NOTES TO FINANCIAL STATEMENTS**

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### **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued**

#### **Revenue Recognition**

Employers' contributions receivable represents accrued contributions from employers for hours worked in the current year received by the Plan after the end of the year. Delinquent employer contributions are not recorded as revenue until the amounts are known and received. This effectively establishes an allowance for doubtful accounts of all outstanding delinquent contributions that the amounts are either not yet known or collected.

#### **Equipment and Furniture**

Office equipment and furniture are stated at cost. Additions and improvements, unless of a relatively minor amount, are capitalized.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Funding Policy**

The funding policy is based on the sum of two cost elements: (1) the normal cost and (2) amortization of the unfunded actuarial accrued liability over a period of years. The funding periods as of January 01, 2024 and 2023 are 6 years and 5 years, respectively. The minimum funding requirements as required by ERISA have been met.

#### **Date of Management's Review**

Subsequent events were evaluated through August 4, 2025, which is the date the financial statements were available to be issued.

### **NOTE 3 – RELATED PARTY TRANSACTIONS**

The Plan shared expenses for occupancy costs and related operations with other pension and health and welfare plans sponsored by N.E.C.A. and I.B.E.W. Local Union No. 22. This includes a clearing account (owned by the IBEW 22/NECA Health and Welfare Plan) that receives employer contributions before they are allocated to the various other entities.

## **IBEW LOCAL 22/NECA PENSION, PLAN A**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE 4 – TAX STATUS**

The Internal Revenue Service has informed the Plan Sponsors by a letter dated July 23, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan sponsor believes that the Plan is currently designed and operated in compliance with applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management of the Plan believes that the plan has taken no uncertain tax positions that require adjustment to the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 5 – PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (1) To provide benefits for those Participants already receiving retirement benefits; and
- (2) To provide benefits for those Participants then eligible to retire and receive a Retirement Benefit; and
- (3) To provide benefits for those Participants who have 10 years of service but have not reached their respective 65th birthdays; and
- (4) To provide for all other nonforfeitable benefits under the Plan; and
- (5) Use the balance of available funds in a nondiscriminatory manner for the benefit of all Participants not heretofore provided for under the Plan at the date of termination.

Benefits under this plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of plan termination. However, if a plan has been in effect less than five (5) years before it terminates, or if benefits have been increased within the five (5) years before plan termination, the whole amount of the plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

## IBEW LOCAL 22/NECA PENSION, PLAN A

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 6 – FAIR VALUE MEASUREMENTS

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

|         |                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

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

The asset 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 relevant observable inputs and minimize the use of unobservable inputs.

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

*Money Market Funds:* Valued at cost, which is equal to the net asset value of shares held at year end.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

*US government and federal agency securities and state and municipal bonds:* Valued at the closing price reported on the active market where individual securities are traded.

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

## IBEW LOCAL 22/NECA PENSION, PLAN A

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 6 – FAIR VALUE MEASUREMENTS, Continued

*Corporate Bonds:* Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based 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.

*Hedge Fund:* Valued based on the NAV per share held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair market value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Additional information on redemptions of these investments can be found on the table under the heading “Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions”.

*Real Estate Fund:* Valued based on the NAV per share held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair market value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Additional information on redemptions of these investments can be found on the table under the heading “Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions”.

*Pooled Separate Accounts:* Valued based on the NAV per share held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair market value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Additional information on redemptions of these investments can be found on the table under the heading “Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions”.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

## IBEW LOCAL 22/NECA PENSION, PLAN A

### NOTES TO FINANCIAL STATEMENTS

#### NOTE 6 – FAIR VALUE MEASUREMENTS, Continued

The following table summarizes investments measured at fair value based on net asset value (NAVs) per shares at December 31, 2024 and 2023 with redemption restrictions:

| Investment                                          | Fair Value<br>12/31/2024 | Fair Value<br>12/31/2023 | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently<br>eligible) | Redemption<br>Notice Period | Holdback<br>Provision                                                                                                                |
|-----------------------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| American Realty Fund <sup>1</sup>                   | \$ 9,364,691             | \$ 7,025,601             | N/A                     | Quarterly                                             | N/A                         | N/A                                                                                                                                  |
| Pioneer Multi-Sector Fixed Income Trust             | \$ 40,619,917            | \$ 28,184,962            | N/A                     | Daily                                                 | 5 business days             | Trust's discretion to limit withdrawal to greater of \$2M or 5% of Plan's Investment                                                 |
| Prisa II Real Estate Fund (Pooled Separate Account) | \$ 9,642,133             | \$ 7,848,911             | N/A                     | Quarterly                                             | 90 days                     | Manager may withhold amounts in a "Redemption Queue" depending on amount of available liquid assets under the terms of the contract. |
| ABS Alpha LTD <sup>2</sup>                          | \$ 10,852,438            | \$ 17,264,659            | N/A                     | Quarterly                                             | 45 days                     | Manager reserves the right to 5%                                                                                                     |
| S&P 500 Flagship NL Fund                            | \$ 43,709,355            | \$ 40,590,685            | N/A                     | Daily                                                 | N/A                         | N/A                                                                                                                                  |

<sup>1</sup>The Fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

<sup>2</sup>ABS Alpha Ltd. (the "Company") is a Cayman Islands exempted company under the Cayman Islands Companies Law, and the investment manager of the Company is ABS Investment Management LLC, a Delaware limited liability company. The objective of the Global Equity Portfolio is to generate superior absolute returns while maintaining a moderate level of risk, as measured by the standard deviation of monthly returns. The assets of the Global Equity Portfolio are allocated to Investment Funds targeting absolute returns through the use of a wide array of investment strategies throughout the global financial markets.

# IBEW LOCAL 22/NECA PENSION, PLAN A

## NOTES TO FINANCIAL STATEMENTS

### NOTE 6 – FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at Fair Value:

| <b>Assets at Fair Value as of December 31, 2024</b> |                       |                      |                     |                |
|-----------------------------------------------------|-----------------------|----------------------|---------------------|----------------|
|                                                     | <b>Total</b>          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> |
| US Government & Federal Agency                      | \$ 21,440,242         | \$ 21,440,242        | \$ -                | \$ -           |
| State & Municipal Bonds                             | 66,076                | 66,076               | -                   | -              |
| Corporate Bonds                                     | 13,539,300            | 6,584,104            | 6,955,196           | -              |
| Mutual Funds                                        | 56,829,432            | 56,829,432           | -                   | -              |
| Money Market Funds                                  | 2,570,428             | 2,570,428            | -                   | -              |
| Total assets in fair value hierarchy                | 94,445,478            | <u>\$ 87,490,282</u> | <u>\$ 6,955,196</u> | <u>\$ -</u>    |
| Investments measured at NAV                         | <u>114,188,534</u>    |                      |                     |                |
| Total Investments                                   | <u>\$ 208,634,012</u> |                      |                     |                |

  

| <b>Assets at Fair Value as of December 31, 2023</b> |                       |                      |                     |                |
|-----------------------------------------------------|-----------------------|----------------------|---------------------|----------------|
|                                                     | <b>Total</b>          | <b>Level 1</b>       | <b>Level 2</b>      | <b>Level 3</b> |
| US Government & Federal Agency                      | \$ 17,716,037         | \$ 17,716,037        | \$ -                | \$ -           |
| State & Municipal Bonds                             | 229,659               | 229,659              | -                   | -              |
| Corporate Bonds                                     | 14,574,773            | 6,462,321            | 8,112,452           | -              |
| Mutual Funds                                        | 51,866,235            | 51,866,235           | -                   | -              |
| Money Market Funds                                  | 1,705,615             | 1,705,615            | -                   | -              |
| Total assets in fair value hierarchy                | 86,092,319            | <u>\$ 77,979,867</u> | <u>\$ 8,112,452</u> | <u>\$ -</u>    |
| Investments measured at NAV                         | <u>100,914,818</u>    |                      |                     |                |
| Total Investments                                   | <u>\$ 187,007,137</u> |                      |                     |                |

# IBEW LOCAL 22/NECA PENSION, PLAN A

## NOTES TO FINANCIAL STATEMENTS

### NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The last actuarial valuations were prepared by a firm of consulting actuaries as of January 1, 2024 and January 1, 2023 and are summarized in the following tables.

#### Statements of Accumulated Benefits

|                                                       | <u>January 1, 2024</u> | <u>January 1, 2023</u> |
|-------------------------------------------------------|------------------------|------------------------|
| Actuarial present value of accumulated plan benefits  |                        |                        |
| Vested benefits:                                      |                        |                        |
| Participants currently receiving benefits             | \$ 70,123,310          | \$ 66,001,344          |
| Expenses on parts. receiving benefits                 | 4,032,090              | 3,795,077              |
| Other inactive participants                           | 25,023,291             | 25,413,373             |
| Active employees                                      | 76,813,058             | 71,408,644             |
| Expenses on other participants                        | 5,855,590              | 5,567,266              |
|                                                       | <u>181,847,339</u>     | <u>172,185,704</u>     |
| Non vested benefits:                                  |                        |                        |
| Nonvested accumulated benefits                        | 11,375,478             | 11,459,359             |
| Expenses on nonvested benefits                        | 654,090                | 658,913                |
|                                                       | <u>11,999,568</u>      | <u>12,118,272</u>      |
| Total actuarial present value of accumulated benefits | <u>\$ 193,876,907</u>  | <u>\$ 184,303,976</u>  |

#### Statements of Changes in Accumulated Benefits

|                                                                                | <u>Period Ended<br/>January 1, 2024</u> | <u>Period Ended<br/>January 1, 2023</u> |
|--------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Actuarial present value of accumulated benefits as of January 1, 2023 and 2022 | \$ 184,303,976                          | \$ 173,521,620                          |
| Increase (decrease) during the period attributable to:                         |                                         |                                         |
| Changes in actuarial assumptions                                               | (540,013)                               | 798,116                                 |
| Benefits accumulated and experience gain or loss                               | 5,611,948                               | 5,803,048                               |
| Interest and other factors                                                     | 11,979,758                              | 11,278,905                              |
| Benefits paid                                                                  | (7,040,712)                             | (6,721,009)                             |
| Operational expenses paid                                                      | (438,050)                               | (376,704)                               |
| Net increase                                                                   | <u>9,572,931</u>                        | <u>10,782,356</u>                       |
| Actuarial present value of accumulated benefits as of January 1, 2024 and 2023 | <u>\$ 193,876,907</u>                   | <u>\$ 184,303,976</u>                   |

## IBEW LOCAL 22/NECA PENSION, PLAN A NOTES TO FINANCIAL STATEMENTS

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### NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Continued

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the plan provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of annual benefit accruals as of the benefit information date. 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 the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The forgoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were:

- 1) Retirement age – For 2024 and 2023, assumed a 1% retirement rate for ages 55 to 58, 5% retirement rate at age 59 to 60, 30% retirement rate at age 61, 45% retirement rate at age 62, 30% retirement rate at ages 63 to 69, and 100% retirement rate at ages 70 and above.
- 2) Interest – 6.50% for 2024 and 2023.
- 3) Mortality - Non disabled: 105% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale for 2024. 105% for males and 100% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale for 2023.
- 4) Funding method – Traditional unit credit cost method for 2024 and 2023.
- 5) Actuarial Value of Assets:  
For 2024 and 2023, the asset valuation method is the five-year smoothed market value. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value must be at least 80% and not more than 120% of Market Value as of the determination date.
- 6) Administrative Expenses: \$405,000 for 2024 and \$385,000 for 2023.
- 7) Average Future Annual Hours Worked – For 2024 and 2023 it is the average of the last 3 years which is 1,842 hours and 1,852 hours, respectively.
- 8) Average Future Hourly Contribution Rate - \$3.59 for 2024 and 2023.

## IBEW LOCAL 22/NECA PENSION, PLAN A

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Continued

*Other changes in plan provisions from the prior valuation include the following:*

1. The benefit credit tiers were updated effective January 1, 2024 to include 1.25 years of credited service for 1,900 to 2,099 hours worked in a plan year and 1.50 years of credited service for 2,100 or more hours worked in a plan year.

*Other changes in actuarial assumptions and methods from the prior valuation include the following:*

1. The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.
2. The future return on fund assets used for projection purposes was increased from 5.50% to 6.50% for the first 10 years. The long-term return on fund assets for projection purposes and the ERISA rate of return assumption used to value liabilities remains at 6.50%. This provides our best estimate of the future rate of net investment return based on the Plan's current investment policy, asset allocation and a survey of capital market assumptions.

The last actuarial reports as of January 1, 2024 and January 1, 2023 indicated the following unfunded accrued liability for the plan:

|                                      | <u>January 1, 2024</u> | <u>January 1, 2023</u> |
|--------------------------------------|------------------------|------------------------|
| Accrued liability                    | \$ 217,689,494         | \$ 199,799,046         |
| Fund balance-actuarial current value | <u>196,300,762</u>     | <u>181,796,064</u>     |
| Unfunded accrued liability           | <u>\$ 21,388,732</u>   | <u>\$ 18,002,982</u>   |

#### NOTE 8 – RISK AND UNCERTAINTIES

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

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                              | (c)                                                        |                    |    | (d)     | (e)           |
|----------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------|----|---------|---------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |                    |    | Cost    | Current Value |
|                                              | Party                                            | date, rate of interest, collateral, par, or maturity value |                    |    |         |               |
|                                              |                                                  | Description                                                | Shares / Par Value |    |         |               |
| US Government and Federal Agency Securities: |                                                  |                                                            |                    |    |         |               |
| Managed by First National Bank of Omaha:     |                                                  |                                                            |                    |    |         |               |
|                                              | FEDERAL HOME LN MTG CORP                         | CL DA 3.50% DTD                                            |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 04/01/2016 DUE                                             |                    |    |         |               |
|                                              | SER 4567                                         | 06/15/2043 IPD14                                           | 1,665              | \$ | 1,753   | \$ 1,661      |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 03/01/2017 DUE                                             |                    |    |         |               |
|                                              | SER 4666 CL UA                                   | 12/15/2054 IPD14                                           | 31,226             |    | 32,865  | 30,747        |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 01/01/2018 DUE                                             |                    |    |         |               |
|                                              | 3.459% DTD                                       | 11/25/2032 IPD24                                           | 155,000            |    | 158,094 | 140,261       |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 4.00% DTD 10/01/2018                                       |                    |    |         |               |
|                                              | SER 4839 CL AE                                   | DUE 04/15/2051 IPD14                                       | 104,404            |    | 109,689 | 99,116        |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 2 A 3.50% DTD 11/01/2016                                   |                    |    |         |               |
|                                              | SER 2016 SC02 CL                                 | DUE 10/25/2046 IPD24                                       | 43,381             |    | 44,222  | 38,785        |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 07/01/2017 DUE                                             |                    |    |         |               |
|                                              | SER 2017 2 CL HA                                 | 08/25/2056 IPD24                                           | 94,374             |    | 96,807  | 87,203        |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 02/01/2018 DUE                                             |                    |    |         |               |
|                                              | SER 2018 1 CL HA                                 | 05/25/2057 IPD24                                           | 59,547             |    | 57,729  | 55,086        |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |                    |    |         |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 3.00% DTD 07/01/2018                                       |                    |    |         |               |
|                                              | SER 2018 3 CL HA                                 | DUE 08/27/2057 IPD24                                       | 66,848             |    | 66,906  | 61,979        |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #ZA2187 4.500% DTD                     |                                                            |                    |    |         |               |
|                                              | 09/01/2018                                       | DUE 11/01/2030 IPD24                                       | 33,230             |    | 34,816  | 32,968        |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #ZA4245 3.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 10/01/2018                                       | DUE 07/01/2043 IPD24                                       | 148,634            |    | 154,928 | 131,131       |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #ZS4007 4.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 09/01/2018                                       | DUE 10/01/2044 IPD24                                       | 74,094             |    | 79,582  | 69,124        |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #ZS9566 4.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 09/01/2018                                       | DUE 12/01/2045 IPD24                                       | 59,270             |    | 63,271  | 55,284        |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #SD1740 4.500% DTD                     |                                                            |                    |    |         |               |
|                                              | 10/01/2022                                       | DUE 10/01/2052 IPD24                                       | 340,478            |    | 328,933 | 322,000       |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #SD1046 4.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 06/01/2022                                       | DUE 07/01/2052 IPD24                                       | 408,260            |    | 402,264 | 376,665       |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #SD1087 3.500% DTD                     |                                                            |                    |    |         |               |
|                                              | 06/01/2022                                       | DUE 06/01/2052 IPD24                                       | 504,480            |    | 448,830 | 449,139       |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #SD1115 4.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 06/01/2022                                       | DUE 07/01/2052 IPD24                                       | 278,737            |    | 280,740 | 256,111       |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |                    |    |         |               |
|                                              | CTF GROUP #SD1663 4.000% DTD                     |                                                            |                    |    |         |               |
|                                              | 09/01/2022                                       | DUE 10/01/2052 IPD24                                       | 355,943            |    | 328,635 | 326,752       |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a) | (b)                                                                    | (c)                                                                                                     | (d)                | (e)        |            |
|-----|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|------------|------------|
|     | Identity of Issuer, Borrower, Lessor, or Similar Party                 | Description of investment including maturity date, rate of interest, collateral, par, or maturity value |                    |            | Cost       |
|     |                                                                        | Description                                                                                             | Shares / Par Value |            |            |
|     | US Government and Federal Agency Securities:                           |                                                                                                         |                    |            |            |
|     | Managed by First National Bank of Omaha:                               |                                                                                                         |                    |            |            |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7194 3.500% DTD 04/01/2022 | DUE 04/01/2052 IPD24                                                                                    | 352,886            | \$ 331,230 | \$ 313,638 |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA6436 2.500% DTD 11/01/2021 | DUE 12/01/2051 IPD24                                                                                    | 164,016            | 156,232    | 135,451    |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7549 4.000% DTD 06/01/2022 | DUE 06/01/2052 IPD24                                                                                    | 455,591            | 427,686    | 417,540    |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7779 4.500% DTD 08/01/2022 | DUE 08/01/2052 IPD24                                                                                    | 291,764            | 284,128    | 275,037    |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA8528 5.000% DTD 02/01/2023 | DUE 02/01/2053 IPD24                                                                                    | 270,827            | 269,642    | 263,154    |
|     | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA9070 6.000% DTD 05/01/2023 | DUE 05/01/2053 IPD24                                                                                    | 280,390            | 276,096    | 284,545    |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #255189 5.000% DTD         | 04/01/2004 DUE 05/01/2034 IPD24                                                                         | 7,247              | 6,941      | 7,188      |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #386641 5.800% DTD         | 12/01/2003 DUE 12/01/2033 IPD24                                                                         | 177,577            | 200,024    | 177,009    |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL0240 4.000% DTD         | 04/01/2011 DUE 04/01/2041 IPD24                                                                         | 72,302             | 73,618     | 68,216     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL2382 4.000% DTD         | 08/01/2012 DUE 02/01/2042 IPD24                                                                         | 29,766             | 30,636     | 28,072     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL9970 3.409% DTD         | 02/01/2017 DUE 02/01/2027 IPD24                                                                         | 28,248             | 29,325     | 27,304     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AM2127 3.310% DTD         | 01/01/2013 DUE 01/01/2033 IPD24                                                                         | 390,158            | 378,331    | 353,105    |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AS3175 4.500% DTD         | 07/01/2014 DUE 08/01/2044 IPD24                                                                         | 63,577             | 69,517     | 61,085     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AS5235 3.500% DTD         | 05/01/2015 DUE 06/01/2045 IPD24                                                                         | 42,851             | 45,014     | 40,170     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #BO2256 3.000% DTD         | 10/01/2019 DUE 10/01/2049 IPD24                                                                         | 149,637            | 155,062    | 129,192    |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CA0684 3.500% DTD         | 10/01/2017 DUE 11/01/2047 IPD24                                                                         | 110,850            | 109,343    | 99,689     |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CB2094 3.000% DTD         | 10/01/2021 DUE 11/01/2051 IPD24                                                                         | 205,608            | 210,652    | 175,982    |
|     | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CB3233 3.000% DTD         | 03/01/2022 DUE 04/01/2052 IPD24                                                                         | 469,724            | 448,366    | 403,262    |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                              | (c)                                          | (d)        | (e)        |                                             |               |
|----------------------------------------------|--------------------------------------------------|----------------------------------------------|------------|------------|---------------------------------------------|---------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity |            |            | date, rate of interest, collateral, par, or | Current Value |
|                                              | Party                                            | maturity value                               |            |            |                                             |               |
|                                              |                                                  | Shares / Par                                 | Cost       |            |                                             |               |
|                                              | Description                                      | Value                                        |            |            |                                             |               |
| US Government and Federal Agency Securities: |                                                  |                                              |            |            |                                             |               |
| Managed by First National Bank of Omaha:     |                                                  |                                              |            |            |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 07/01/2022 DUE 08/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4393 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 341,212                                      | \$ 318,980 | \$ 322,073 |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2022 DUE 07/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4100 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 322,399                                      | 316,304    | 304,925    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 08/01/2022 DUE 09/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4561 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 96,454                                       | 95,821     | 93,661     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2023 DUE 07/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB6726 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 436,654                                      | 422,668    | 426,131    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 10/01/2023 DUE 11/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB7422 5.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 334,103                                      | 333,789    | 331,777    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 09/01/2024 DUE 10/01/2054                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB9308 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 621,505                                      | 614,683    | 603,519    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 03/01/2020 DUE 02/01/2050                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FM2725 3.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 375,031                                      | 313,327    | 319,380    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 01/01/2022 DUE 01/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS0331 3.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 560,523                                      | 519,327    | 477,784    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 04/01/2022 DUE 04/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS1555 3.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 433,033                                      | 426,402    | 385,031    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 05/01/2022 DUE 06/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS2060 4.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 271,009                                      | 267,495    | 250,120    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 05/01/2022 DUE 06/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS2089 3.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 285,281                                      | 270,081    | 254,439    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 01/01/2023 DUE 04/01/2050                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS3825 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 204,559                                      | 206,221    | 195,208    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 03/01/2023 DUE 01/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS4081 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 278,445                                      | 276,530    | 270,782    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2023 DUE 06/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS5179 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 297,804                                      | 287,335    | 289,525    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 10/01/2007 DUE 10/01/2037                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #949313 6.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 24,585                                       | 25,317     | 25,630     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2009 DUE 06/01/2039                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AA7002 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 11,881                                       | 12,799     | 11,519     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 12/01/2009 DUE 01/01/2040                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AD0575 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 40,128                                       | 42,354     | 38,904     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 09/01/2010 DUE 09/01/2038                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AE0336 6.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 7,353                                        | 8,040      | 7,624      |                                             |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                                                     | (c)                                                                                                     | (d)                | (e)       |           |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|-----------|-----------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar Party                  | Description of investment including maturity date, rate of interest, collateral, par, or maturity value |                    |           | Cost      |
|                                              |                                                                         | Description                                                                                             | Shares / Par Value |           |           |
| US Government and Federal Agency Securities: |                                                                         |                                                                                                         |                    |           |           |
| Managed by First National Bank of Omaha:     |                                                                         |                                                                                                         |                    |           |           |
|                                              | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2012 145       | CL HQ 4.00% DTD 12/01/2012<br>DUE 01/25/2033 IPD24                                                      | 46,847             | \$ 52,088 | \$ 45,432 |
|                                              | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2017 49        | CL JA 4.00% DTD 06/01/2017<br>DUE 07/25/2053 IPD24                                                      | 32,768             | 33,812    | 32,473    |
|                                              | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2019 M8 CL     | ADP FLTG RATE DTD<br>05/01/2019 DUE 04/25/2029<br>IPD24                                                 | 104,345            | 110,988   | 100,572   |
|                                              | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2019 27 CL     | MB 4.00% DTD 05/01/2019<br>DUE 12/25/2051 IPD24                                                         | 53,640             | 55,819    | 52,294    |
|                                              | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2020 94 CL     | GJ 2.50% DTD 12/01/2020<br>DUE 01/25/2051 IPD24                                                         | 142,537            | 151,000   | 125,712   |
|                                              | FREDDIE MAC SEASONED CR RISK TRANSFER TR 4.50% DTD 11/01/2017           | DUE 06/25/2057 IPD24                                                                                    | 86,813             | 92,626    | 82,786    |
|                                              | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 144A 2.75% DTD       | 09/01/2019 DUE 09/25/2029<br>IPD24                                                                      | 375,000            | 386,253   | 337,012   |
|                                              | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 2.75% DTD 11/01/2019 | DUE 11/25/2029 IPD24                                                                                    | 145,000            | 145,951   | 131,038   |
|                                              | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 2.00% DTD 07/01/2020 | DUE 07/25/2030 IPD24                                                                                    | 115,536            | 119,891   | 104,464   |
|                                              | FREDDIE SCRTT SERIES SER 2020 2 CL MAU 2.50% DTD 06/01/2020 DUE         | 11/25/2059 IPD24                                                                                        | 123,575            | 130,569   | 111,860   |
|                                              | GNMA II PASSTHRU CTF POOL #786915 5.50% DTD 09/01/2023 DUE 09/20/2053   | IPD19                                                                                                   | 292,184            | 285,428   | 292,810   |
|                                              | GNMA II PASSTHRU CTF POOL #AD8811 3.00% DTD 03/01/2013 DUE 03/20/2043   | IPD19                                                                                                   | 108,616            | 111,229   | 94,024    |
|                                              | GOVERNMENT NATL MTG ASSN GTD REMIC PASSTHRU SECS SER 2018 068 CL A      | 2.85% DTD 05/01/2018 DUE<br>04/16/2050 IPD15                                                            | 53,933             | 54,584    | 51,863    |
|                                              | GOVERNMENT NATL MTG ASSN GTD REMIC PASSTHRU SECS SER 2019 H07 CL BA     | FLTG RATE DTD 04/01/2019<br>DUE 01/20/2069 IPD19                                                        | 84,359             | 85,870    | 81,037    |
|                                              | SMALL BUSINESS ADMIN GTD LN POOL CTFS 5.87% DTD 05/17/2006 DUE          | 05/01/2026                                                                                              | 2,285              | 2,341     | 2,282     |
|                                              | US TREASURY BOND 5.375% DTD 02/15/01 DUE 02/15/2031                     |                                                                                                         | 400,000            | 496,292   | 419,560   |
|                                              | US TREASURY BOND 1.750% DTD 01/31/08 DUE 01/15/2028                     | TREASURY INFLATION<br>PROTECTION SERVICES                                                               | 339,012            | 365,833   | 336,612   |
|                                              | US TREASURY BOND 3.625% DTD 08/15/2013 DUE 08/15/2043                   |                                                                                                         | 75,000             | 68,338    | 63,555    |
|                                              | US TREASURY NOTE 2.75% DTD 02/15/2018 DUE 02/15/2028                    |                                                                                                         | 100,000            | 96,750    | 95,505    |
|                                              | US TREASURY NOTE 2.25% DTD 02/15/2017 DUE 02/15/2027                    |                                                                                                         | 1,420,000          | 1,343,110 | 1,362,944 |
|                                              | US TREASURY NOTE 1.50% DTD 02/15/2020 DUE 02/15/2030                    |                                                                                                         | 2,470,000          | 2,172,206 | 2,145,244 |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                               | (c)                                          | (d)           | (e)           |  |
|----------------------------------------------|---------------------------------------------------|----------------------------------------------|---------------|---------------|--|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar  | Description of investment including maturity |               |               |  |
|                                              | Party                                             | date, rate of interest, collateral, par, or  |               |               |  |
|                                              |                                                   | maturity value                               | Cost          | Current Value |  |
|                                              | Description                                       | Shares / Par Value                           |               |               |  |
| US Government and Federal Agency Securities: |                                                   |                                              |               |               |  |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |  |
|                                              | US TREASURY NOTE 1.875% DTD                       |                                              |               |               |  |
|                                              | 02/15/2022 DUE 02/15/2032                         | 3,420,000                                    | \$ 2,985,542  | \$ 2,877,622  |  |
|                                              | US TREASURY NOTE 3.875% DTD                       |                                              |               |               |  |
|                                              | 08/15/2023 DUE 08/15/2033                         | 1,475,000                                    | 1,444,176     | 1,404,244     |  |
|                                              | US TREASURY NOTE 4.25% DTD                        |                                              |               |               |  |
|                                              | 02/29/2024 DUE 02/28/2029                         | 495,000                                      | 492,990       | 492,807       |  |
|                                              | US TREASURY NOTE 4.25% DTD                        |                                              |               |               |  |
|                                              | 11/15/2024 DUE 11/15/2034                         | 200,000                                      | 201,031       | 194,804       |  |
|                                              | Total US Government and Federal Agency Securities |                                              | \$ 22,434,094 | \$ 21,440,242 |  |
| State and Municipal Bonds:                   |                                                   |                                              |               |               |  |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |  |
|                                              | CONNECTICUT ST GO BDS 2009B TAXABLE               | CALLABLE                                     |               |               |  |
|                                              | 5.632% DTD 12/23/2009 DUE 12/01/2029              | 65,000                                       | \$ 65,000     | \$ 66,076     |  |
|                                              | Total State and Municipal Bonds                   |                                              | \$ 65,000     | \$ 66,076     |  |
| Corporate Bonds:                             |                                                   |                                              |               |               |  |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |  |
|                                              | AGILENT TECHNOLOGIES INC SR GLBL                  | CALLABLE                                     |               |               |  |
|                                              | 2.10% DTD 06/04/2020 DUE 06/04/2030               | 250,000                                      | \$ 240,884    | \$ 215,243    |  |
|                                              | ALIGNED DT CEN ISS LLC SER 2021 1 CL              | 08/15/2046                                   |               |               |  |
|                                              | A 2 1.937% DTD 08/25/2021 DUE                     | 240,000                                      | 240,000       | 228,152       |  |
|                                              | AMSR TRUST SER 2020 SFR2 CL A 2.34%               |                                              |               |               |  |
|                                              | DTD 06/18/2020 DUE 07/17/2037                     | 43,826                                       | 44,547        | 43,222        |  |
|                                              | ANGEL OAK MTG TR 2022-2 MTG                       | 3.353% DTD 03/15/2022 DUE                    |               |               |  |
|                                              | BACKED CTF CL A-1 144A                            | 01/25/2067 IPD24                             | 124,772       | 115,076       |  |
|                                              | AT&T INC SR GLBL 4.30% DTD 08/15/2018             | CALLABLE                                     |               |               |  |
|                                              | DUE 02/15/2030                                    | 249,000                                      | 246,664       | 241,152       |  |
|                                              | BAMLL COM MTG SEC TR SER 2013                     | 03/12/2037 IPD9                              |               |               |  |
|                                              | WBRK CL A FLTG RATE DTD 04/01/2013                |                                              |               |               |  |
|                                              | DUE                                               | 230,000                                      | 245,238       | 225,400       |  |
|                                              | BANK AMER CORP MEDIUM TERM NT                     | 04/23/2027 CALLABLE                          |               |               |  |
|                                              | FLTG RATE DTD 04/23/2019 DUE                      | 100,000                                      | 100,823       | 98,394        |  |
|                                              | BANK SER 2019 BNK16 CL A SB FLTG                  | 02/16/2052 IPD14                             |               |               |  |
|                                              | RATE DTD 02/01/2019 DUE                           | 116411.25                                    | 119,903       | 114,596       |  |
|                                              | BAYLOR SCOTT & WHITE HLDGS SR                     | 11/15/2030 CALLABLE                          |               |               |  |
|                                              | SEC GLBL 1.777% DTD 01/21/2021 DUE                | 180,000                                      | 180,000       | 150,689       |  |
|                                              | BK OF AMERICA CORP FR VAR RATE                    | 04/22/2032 CALLABLE                          |               |               |  |
|                                              | DTD 04/22/2021 DUE                                | 160,000                                      | 135,214       | 137,534       |  |
|                                              | BRAVO RES FDG TR SER 2021 HE1 CL A                | 01/27/2070                                   |               |               |  |
|                                              | 1 FLTG RATE DTD 03/11/2021 DUE                    | 170,863                                      | 168,944       | 170,368       |  |
|                                              | BREAN ASSET BACKED SECS TR 2021-                  | 03/30/2021 DUE 10/25/2063                    |               |               |  |
|                                              | RM1 MTG BACKED NT CL A 144A 1.40%                 |                                              |               |               |  |
|                                              | DTD                                               | 135,204                                      | 127,588       | 122,307       |  |
|                                              | BX CM MTG SER 2021 VOLT CL A FLTG                 | 09/15/2036                                   |               |               |  |
|                                              | RATE DTD 09/29/2021 DUE                           | 215,000                                      | 215,000       | 214,597       |  |
|                                              | CAMPBELL SOUP CO SR GLBL NT                       | CALLABLE                                     |               |               |  |
|                                              | 2.375% DTD 04/24/2020 DUE 04/24/2030              | 270,000                                      | 221,181       | 236,895       |  |
|                                              | CB RICHARD ELLIS SVCS INC SR NT                   | CALLABLE                                     |               |               |  |
|                                              | 2.50% DTD 03/18/2021 DUE 04/01/2031               | 275,000                                      | 271,039       | 234,058       |  |

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**DECEMBER 31, 2024**

| (a)                                      | (b)                                              | (c)                                                        |                    | (d)        | (e)        |      |               |
|------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------|------------|------------|------|---------------|
|                                          | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |                    |            |            | Cost | Current Value |
|                                          | Party                                            | date, rate of interest, collateral, par, or maturity value |                    |            |            |      |               |
|                                          |                                                  | Description                                                | Shares / Par Value |            |            |      |               |
| Corporate Bonds:                         |                                                  |                                                            |                    |            |            |      |               |
| Managed by First National Bank of Omaha: |                                                  |                                                            |                    |            |            |      |               |
|                                          | CD 2018-CD7 MTG TR COML MTG                      | 08/01/2018 DUE 08/15/2051                                  |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A-SB 4.213% DTD                  | IPD14                                                      | 123,149            | \$ 126,836 | \$ 121,949 |      |               |
|                                          | CF HIPPOLYTA ISSUER LLC 2021-1 NET               | 03/18/2021 DUE 03/15/2061                                  |                    |            |            |      |               |
|                                          | LEASE MTG NT CL A-1 144A 1.53% DTD               |                                                            | 169,641            | 168,389    | 160,828    |      |               |
|                                          | CHASE HOME LENDING MTG TR SER                    | DUE 06/25/2062 IPD24                                       |                    |            |            |      |               |
|                                          | 2023 RPL1 CL A 1 FLTG RATE DTD                   |                                                            |                    |            |            |      |               |
|                                          | 04/01/2023                                       |                                                            | 158,508            | 143,419    | 144,802    |      |               |
|                                          | CITIGROUP INC SR GLBL NT VAR RATE                | 01/10/2028 CALLABLE                                        |                    |            |            |      |               |
|                                          | DTD 01/10/2017 DUE                               |                                                            | 175,000            | 174,195    | 171,542    |      |               |
|                                          | CITIGROUP INC SR NT VAR RATE DTD                 | 05/24/2033 CALLABLE                                        |                    |            |            |      |               |
|                                          | 05/24/2022 DUE                                   |                                                            | 85,000             | 84,434     | 82,153     |      |               |
|                                          | CITIGROUP MTG LN TR 2019-RP1 MTG                 | 04/01/2019 DUE 01/25/2066                                  |                    |            |            |      |               |
|                                          | BACKED NT CL A-1 144A 3.50% DTD                  | IPD24                                                      | 51,871             | 52,294     | 50,237     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2004 NCM1                | 07/25/2034 IPD24                                           |                    |            |            |      |               |
|                                          | CL IA 2 6.50% DTD 06/01/2004 DUE                 |                                                            | 27,467             | 27,093     | 27,359     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2014 A CL A              | 01/25/2035 IPD24                                           |                    |            |            |      |               |
|                                          | FLTG RATE DTD 02/01/2014 DUE                     |                                                            | 26,950             | 27,902     | 25,829     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2015 RP2 CL              | 01/25/2053 IPD24                                           |                    |            |            |      |               |
|                                          | A FLTG RATE DTD 05/01/2015 DUE                   |                                                            | 50,568             | 52,590     | 48,079     |      |               |
|                                          | COMMONBOND ST LN TR SER 2018 C GS                | 02/25/2046                                                 |                    |            |            |      |               |
|                                          | CL A 1 3.87% DTD 12/13/2018 DUE                  |                                                            | 31,312             | 32,199     | 29,728     |      |               |
|                                          | COREVEST AMERN FIN 2020-3 TR MTG                 | 1.358% DTD 09/01/2020 DUE                                  |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A 144A                           | 08/15/2053 IPD14                                           | 55,087             | 55,086     | 53,088     |      |               |
|                                          | COREVEST AMERN FIN 2020-4 TR MTG                 | DTD 12/01/2020 DUE                                         |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A 144A 1.174%                    | 12/15/2052 IPD14                                           | 87,812             | 87,810     | 85,500     |      |               |
|                                          | CSFB MTG PTC SER 2003 8 CL I A 1                 | IPD24                                                      |                    |            |            |      |               |
|                                          | 5.75% DTD 03/01/2003 DUE 04/25/2033              |                                                            | 5,607              | 5,387      | 5,475      |      |               |
|                                          | CSMC TR SER 2021 INV2 CL A 4A FLTG               | 11/25/2056 IPD24                                           |                    |            |            |      |               |
|                                          | RATE DTD 10/01/2021 DUE                          |                                                            | 168,610            | 170,349    | 149,009    |      |               |
|                                          | CSMC TRUST SER 2017 FHA1 CL A 1                  | 04/25/2047 IPD24                                           |                    |            |            |      |               |
|                                          | FLTG RATE DTD 05/01/2017 DUE                     |                                                            | 153,465            | 162,433    | 137,167    |      |               |
|                                          | CSMLT TRUST SER 2015 3 CL 2 A 7 FLTG             | 10/25/2030 IPD24                                           |                    |            |            |      |               |
|                                          | RATE DTD 11/01/2015 DUE                          |                                                            | 10,250             | 10,436     | 9,713      |      |               |
|                                          | DISNEY WALT CO SR NT 2.65% DTD                   | CALLABLE                                                   |                    |            |            |      |               |
|                                          | 05/13/2020 DUE 01/13/2031                        |                                                            | 240,000            | 259,968    | 212,458    |      |               |
|                                          | DOLLAR GEN CORP SR GLBL 3.50% DTD                | CALLABLE                                                   |                    |            |            |      |               |
|                                          | 04/03/2020 DUE 04/03/2030                        |                                                            | 240,000            | 247,809    | 220,241    |      |               |
|                                          | EBAY INC SR GLBL 3.60% DTD 06/06/2017            | CALLABLE                                                   |                    |            |            |      |               |
|                                          | DUE 06/05/2027                                   |                                                            | 215,000            | 218,315    | 209,715    |      |               |
|                                          | EDVESTINU PRIVATE ED LN ISSUE NO 4               | CL A 5.25% DTD 09/29/2022                                  |                    |            |            |      |               |
|                                          | LLC ASSET BACKED NT SER 2022-A 144A              | DUE 11/25/2040                                             | 136,918            | 133,530    | 135,660    |      |               |
|                                          | EDVESTINU PVT ED LN SER 2021 A CL A              |                                                            |                    |            |            |      |               |
|                                          | 1.80% DTD 03/11/2021 DUE 11/27/2045              |                                                            | 71,832             | 71,753     | 65,472     |      |               |
|                                          | EVERBANK MTG LN TR SER 2013 1 CL A               | 03/25/2043 IPD24                                           |                    |            |            |      |               |
|                                          | 2 FLTG RATE DTD 03/01/2013 DUE                   |                                                            | 46,575             | 45,178     | 41,519     |      |               |
|                                          | FHLMCT SLSTT SERIES SER 2019 3 CL A              | 10/25/2059 IPD24                                           |                    |            |            |      |               |
|                                          | 1C 2.75% DTD 11/01/2019 DUE                      |                                                            | 84,053             | 86,050     | 78,016     |      |               |
|                                          | FHLMCT SLSTT SERIES SER 2020 2 CL A              | 09/27/2060 IPD24                                           |                    |            |            |      |               |
|                                          | 1C 2.00% DTD 09/01/2020 DUE                      |                                                            | 119,116            | 123,886    | 107,535    |      |               |
|                                          | FLAGSTAR MTG TR 2021-2 MTG PASS                  | DUE 04/25/2051 IPD24                                       |                    |            |            |      |               |
|                                          | THRU CTF CL A-6 144A 2.5% DTD                    |                                                            |                    |            |            |      |               |
|                                          | 04/01/2021                                       |                                                            | 1,480              | 1,522      | 1,294      |      |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a) | (b)                                                                   | (c)                                          |                    | (d)        | (e)        |      |               |
|-----|-----------------------------------------------------------------------|----------------------------------------------|--------------------|------------|------------|------|---------------|
|     | Identity of Issuer, Borrower, Lessor, or Similar                      | Description of investment including maturity |                    |            |            | Cost | Current Value |
|     | Party                                                                 | date, rate of interest, collateral, par, or  | maturity value     |            |            |      |               |
|     |                                                                       | Description                                  | Shares / Par Value |            |            |      |               |
|     | Corporate Bonds:                                                      |                                              |                    |            |            |      |               |
|     | Managed by First National Bank of Omaha:                              |                                              |                    |            |            |      |               |
|     | FLAGSTAR MTG TR 2021-51NV MTG PASSTHRU CTF CL A-5 144A 2.50% DTD      | 06/01/2021 DUE 07/25/2051<br>IPD24           | 131,975            | \$ 134,800 | \$ 116,053 |      |               |
|     | FRTKL 2021-SFR1 SINGLE FAMILY RENTAL PASSTHRU 144A C 1.571% DTD       | 08/27/2021 DUE 09/17/2038<br>IPD16           | 215,000            | 211,689    | 202,200    |      |               |
|     | GOLDMAN SACHS GROUP INC FLTG RATE DTD 01/24/2022                      | DUE 02/24/2033                               | 275,000            | 242,339    | 237,014    |      |               |
|     | GS MORTGAGE SEC TR SER 2020 GC47 CL A AB FLTG RATE DTD 05/01/2020 DUE | 05/14/2053 IPD11                             | 210,000            | 216,299    | 195,699    |      |               |
|     | GS MTG SECS CORP TR SER 2021 DM CL A FLTG RATE DTD 12/16/2021 DUE     | 11/15/2036                                   | 180,000            | 179,432    | 179,399    |      |               |
|     | HARMAN INTL INDS INC SR NT 4.15% DTD 05/11/2015 DUE 05/15/2025        | CALLABLE                                     | 80,000             | 88,700     | 79,638     |      |               |
|     | HUDSON YARDS MTG TR SER 2019 30HY CL A 3.228% DTD 07/01/2019 DUE      | 07/12/2039 IPD11                             | 225,000            | 231,732    | 204,453    |      |               |
|     | HUNDRED ACRE WOOD TR 2021-INV1 MTG PASSTHRU CTF CL A9 144A 2.50% DTD  | 05/01/2021 DUE 07/25/2051<br>IPD24           | 163,479            | 168,077    | 143,997    |      |               |
|     | HUNTINGTON INGALLS INDS INC SR GLBL NT 3.483% DTD 06/01/2018 DUE      | 12/01/2027 CALLABLE                          | 230,000            | 235,887    | 220,846    |      |               |
|     | INTERCONTINENTAL EXCHANGE INC SR GLBL 2.10% DTD 05/26/2020 DUE        | 06/15/2030 CALLABLE                          | 235,000            | 237,831    | 203,580    |      |               |
|     | JPMORGAN CHASE & CO GLBL NT VAR RATE DTD 09/12/2019 DUE               | 10/15/2030 CALLABLE                          | 145,000            | 122,913    | 130,619    |      |               |
|     | JPMORGAN CHASE & CO SR FLT NT VAR RATE DTD 01/23/2024 DUE             | 01/23/2035 CALLABLE                          | 115,000            | 114,915    | 114,270    |      |               |
|     | KEYCORP MEDIUM TERM NTS FR 2.25% DTD 02/06/2020 DUE 04/06/2027        | NON-CALLABLE                                 | 155,000            | 154,123    | 146,244    |      |               |
|     | KNDR TRUST SER 2021 KIND CL A FLTG RATE DTD 08/16/2021 DUE            | 08/16/2038                                   | 193,385            | 193,385    | 191,491    |      |               |
|     | MCDONALDS CORP MED TERM NT FR 2.125% DTD 03/05/2020 DUE 03/01/2030    | CALLABLE                                     | 275,000            | 278,104    | 240,378    |      |               |
|     | MELLO MTG CAP ACCP SER 2021 INV2 CL A 4 FLTG RATE DTD 08/30/2021 DUE  | 08/25/2051                                   | 164,262            | 168,111    | 143,319    |      |               |
|     | META PLATFORMS INC GLBL NT 3.85% DTD 08/09/2022 DUE 08/15/2032        | CALLABLE                                     | 95,000             | 94,976     | 88,287     |      |               |
|     | MFA SER 2021 INV1 CL A 1 1.10% DTD 01/01/2021 DUE 01/25/2056          | IPD24                                        | 23,577             | 23,576     | 22,607     |      |               |
|     | MORGAN STANLEY CAP SER 2019 H6 CL A SB FLTG RATE DTD 06/01/2019 DUE   | 06/17/2052 IPD16                             | 287,146            | 295,745    | 277,095    |      |               |
|     | MORGAN STANLEY SR I VAR RATE DTD 07/20/2022 DUE                       | 07/20/2033 CALLABLE                          | 240,000            | 236,389    | 232,512    |      |               |
|     | NATIONAL RETAIL PPTYS INC 4.30% DTD 09/27/2018 DUE 10/15/2028         | CALLABLE                                     | 230,000            | 232,314    | 224,535    |      |               |
|     | NAVIENT PRIV ED LN TR SER 2014 A CL A 3 FLTG RATE DTD 10/23/2014 DUE  | 10/15/2031                                   | 34,070             | 34,453     | 34,123     |      |               |
|     | NAVIENT PRIVATE ED LN SER 2021 F CL A 1.11% DTD 09/28/2021 DUE        | 02/18/2070                                   | 74,665             | 74,651     | 65,195     |      |               |
|     | NEW RESI MTG LN TR SER 2015 2 CL A 1 FLTG RATE DTD 11/01/2015 DUE     | 08/25/2055 IPD24                             | 37,823             | 38,615     | 35,913     |      |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a) | (b)<br>Identity of Issuer, Borrower, Lessor, or Similar<br>Party | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     |                                                                  | Description<br>Shares / Par<br>Value                                                                                 |             |                      |
|     | <b>Corporate Bonds:</b>                                          |                                                                                                                      |             |                      |
|     | <b>Managed by First National Bank of Omaha:</b>                  |                                                                                                                      |             |                      |
|     | NEW RESIDENTIAL MTG LN TR 2014-3                                 | 12/01/2014 DUE 11/25/2054<br>IPD24                                                                                   |             |                      |
|     | MTG BKD NT CL A-FXD3 144A 3.75% DTD                              |                                                                                                                      | 28,033      | \$ 28,795            |
|     | NEW RESIDENTIAL MTG LN TR 2018-1                                 | DTD 01/01/2018 DUE                                                                                                   |             | \$ 26,484            |
|     | MTG BACKED NT CL A-1A 144A 4.00%                                 | 12/25/2057 IPD24                                                                                                     | 37,169      | 35,522               |
|     | NEW RESIDENTIAL MTG LN TR 2020-1                                 | DTD 12/01/2019 DUE                                                                                                   |             |                      |
|     | MTG BACKED NT CL A-1B 144A 3.50%                                 | 10/25/2059 IPD24                                                                                                     | 37,889      | 35,311               |
|     | NMEF FUNDING LLC SER 2024 A CL A 2                               | 12/15/2031                                                                                                           |             |                      |
|     | 5.15% DTD 08/28/2024 DUE                                         |                                                                                                                      | 145,000     | 144,984              |
|     | OBX TR SER 2022 J1 CL A 3 FLTG RATE                              | 02/25/2052 IPD24                                                                                                     |             | 145,286              |
|     | DTD 05/01/2022 DUE                                               |                                                                                                                      | 82,126      | 77,147               |
|     | ORACLE CORP SR GLBL 2.30% DTD                                    | CALLABLE                                                                                                             |             | 72,742               |
|     | 03/24/2021 DUE 03/25/2028                                        |                                                                                                                      | 290,000     | 252,545              |
|     | PROGRESS RESIDENTIAL 2021-SFR6 TR                                | 144A CL A 1.524% DTD                                                                                                 |             | 268,102              |
|     | SINGLE FAMILY RENTAL PASS THRU                                   | 07/09/2021 DUE 07/17/2038                                                                                            |             |                      |
|     | CTFS                                                             | IPD15                                                                                                                | 183,947     | 183,944              |
|     | PROVIDENT FDG MTG TR SER 2021 1 CL                               | 04/25/2051 IPD24                                                                                                     |             | 176,015              |
|     | A 3 FLTG RATE DTD 03/01/2021 DUE                                 |                                                                                                                      | 238,687     | 208,551              |
|     | PROVIDENT FDG MTG TR SER 2021 2 CL                               | 05/25/2051 IPD24                                                                                                     |             |                      |
|     | A 2 FLTG RATE DTD 05/01/2021 DUE                                 |                                                                                                                      | 1,007       | 1,033                |
|     | PSMC TR SER 2021 3 CL A 3 FLTG RATE                              | 08/25/2051 IPD24                                                                                                     |             | 880                  |
|     | DTD 09/01/2021 DUE                                               |                                                                                                                      | 172,097     | 151,947              |
|     | QUALCOMM INC SR GLBL NT 2.15% DTD                                | CALLABLE                                                                                                             |             |                      |
|     | 05/08/2020 DUE 05/20/2030                                        |                                                                                                                      | 235,000     | 234,724              |
|     | RCKT MTG TR 2022-1 MTG PASS THRU                                 | DUE 01/25/2052 IPD24                                                                                                 |             | 206,248              |
|     | CTF CL A-5 144A 2.5% DTD 01/18/2022                              |                                                                                                                      | 129,076     | 111,866              |
|     | REGIONS FINANCIAL CORP NEW SR                                    | CALLABLE                                                                                                             |             |                      |
|     | GLBL 1.80% DTD 08/12/2021 DUE                                    |                                                                                                                      | 225,000     | 215,753              |
|     | 08/12/2028                                                       |                                                                                                                      |             | 200,412              |
|     | SEQUOIA MTG TR 2015-4 MTG                                        | 11/01/2015 DUE 11/25/2030<br>IPD24                                                                                   |             |                      |
|     | PASSTHRU CTF CL A-1 144A 3.00% DTD                               |                                                                                                                      | 29,718      | 30,162               |
|     | SEQUOIA MTG TR 2021-4 MTG                                        | DUE 06/25/2051 IPD24                                                                                                 |             | 28,728               |
|     | PASSTHRU CTF CL A-4 144A 2.50% DTD                               |                                                                                                                      |             |                      |
|     | 05/01/2021                                                       |                                                                                                                      | 174,332     | 178,581              |
|     | STACK INFRASTRUCTURE ISSUER LLC                                  | SER 2021-1 CL A-2 1.877%                                                                                             |             | 152,446              |
|     | SECD DATA CTR REV TERM NT 144A                                   | DTD 03/18/2021 DUE                                                                                                   |             |                      |
|     | SER                                                              | 03/26/2046                                                                                                           | 110,000     | 110,000              |
|     | SUTHERLAND COML MTG TR 2021-                                     | 1.55% DTD 04/01/2021 DUE                                                                                             |             | 105,820              |
|     | SBC10 COML MTG PASSTHRU CTF CL A                                 | 12/25/2041 IPD24                                                                                                     |             |                      |
|     | 144A                                                             |                                                                                                                      | 52,129      | 52,123               |
|     |                                                                  | IPD24                                                                                                                |             | 47,531               |
|     | TOWD PT MTG TR 2021-1 NT CL A1 144A                              |                                                                                                                      |             |                      |
|     | 2.25% DTD 11/01/2021 DUE 11/25/2061                              |                                                                                                                      | 149,788     | 152,263              |
|     | TOWD PT MTG TR SER 2017 4 CL A1                                  | 06/25/2057 IPD24                                                                                                     |             | 137,801              |
|     | FLTG RATE DTD 08/01/2017 DUE                                     |                                                                                                                      | 44,113      | 42,822               |
|     | TOWD PT MTG TR SER 2018 5 CL A1                                  | 07/25/2058 IPD24                                                                                                     |             |                      |
|     | FLTG RATE DTD 09/01/2018 DUE                                     |                                                                                                                      | 78,892      | 74,955               |
|     | TRICON AMER HOMES TR SER 2020                                    | 11/18/2039                                                                                                           |             |                      |
|     | SFR2 CL A 1.482% DTD 11/10/2020 DUE                              |                                                                                                                      | 201,313     | 201,308              |
|     | TSMC GLOBAL LTD SR GLBL 144A                                     | CALLABLE                                                                                                             |             | 183,957              |
|     | 1.375% DTD 09/28/2020 DUE 09/28/2030                             |                                                                                                                      | 55,000      | 51,833               |
|     | TTX CO FR 3.60% DTD 11/20/2014 DUE                               | CALLABLE                                                                                                             |             | 45,296               |
|     | 01/15/2025                                                       |                                                                                                                      | 210,000     | 218,820              |
|     |                                                                  |                                                                                                                      |             | 209,882              |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                      | (b)                                              | (c)                                                        | (d) | (e)        |      |               |
|------------------------------------------|--------------------------------------------------|------------------------------------------------------------|-----|------------|------|---------------|
|                                          | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |     |            | Cost | Current Value |
|                                          | Party                                            | date, rate of interest, collateral, par, or maturity value |     |            |      |               |
|                                          |                                                  | Shares / Par                                               |     |            |      |               |
|                                          | Description                                      | Value                                                      |     |            |      |               |
| Corporate Bonds:                         |                                                  |                                                            |     |            |      |               |
| Managed by First National Bank of Omaha: |                                                  |                                                            |     |            |      |               |
|                                          | U S BANCORP MEDIUM TERM NTS                      | 210,000                                                    | \$  | 201,018    |      |               |
|                                          | 4.839% DTD 02/01/2023 DUE 02/01/2034             |                                                            |     |            |      |               |
|                                          | UBS COMMERCIAL MTG TR SER 2019                   | 12/17/2052 IPD16                                           |     |            |      |               |
|                                          | C18 CL A SB FLTG RATE DTD 12/01/2019             |                                                            |     |            |      |               |
|                                          | DUE                                              | 204,988                                                    |     | 197,021    |      |               |
|                                          | UNION PAC CORP SR GLBL NT 3.95%                  | CALLABLE                                                   |     |            |      |               |
|                                          | DTD 06/08/2018 DUE 09/10/2028                    | 220,000                                                    |     | 214,080    |      |               |
|                                          |                                                  | CALLABLE                                                   |     |            |      |               |
|                                          | US BANCORP DEL PERP GLBL J NT VAR                |                                                            |     |            |      |               |
|                                          | RATE DTD 02/13/2017 DUE 12/31/20                 | 35,000                                                     |     | 34,511     |      |               |
|                                          |                                                  | PARTNERSHIP 2020-1 SECD                                    |     |            |      |               |
|                                          |                                                  | DATA CTR REV NT 144A CL                                    |     |            |      |               |
|                                          | VANTAGE DATA CTRS ISSUER LLC /                   | A-2 1.645% DTD 10/05/2020                                  |     |            |      |               |
|                                          | VANTAGE DATA CTRS CDA LTD                        | 235,000                                                    |     | 229,492    |      |               |
|                                          |                                                  | NON-CALLABLE                                               |     |            |      |               |
|                                          | VERIZON COMMUNICATIONS INC 144A                  |                                                            |     |            |      |               |
|                                          | NT 4.78% DTD 08/21/2024 DUE 02/15/2035           | 208,000                                                    |     | 198,001    |      |               |
|                                          |                                                  | 05/13/2025 CALLABLE                                        |     |            |      |               |
|                                          | VOLKSWAGEN GROUP AMER FIN LLC SR                 |                                                            |     |            |      |               |
|                                          | GLBL 144A 3.35% DTD 05/13/2020 DUE               | 155,000                                                    |     | 154,113    |      |               |
|                                          | WASTE MGMT INC DEL SR NT 1.50% DTD               | CALLABLE                                                   |     |            |      |               |
|                                          | 11/17/2020 DUE 03/15/2031                        | 230,000                                                    |     | 187,206    |      |               |
|                                          |                                                  | 07/17/2035 IPD16                                           |     |            |      |               |
|                                          | WELL FAR COML MTG TR SER 2024 1CHI               |                                                            |     |            |      |               |
|                                          | CL A FLTG RATE DTD 06/01/2024 DUE                | 170,000                                                    |     | 170,400    |      |               |
|                                          | WELLS FARGO & CO FR VAR RATE DTD                 | 02/11/2031 CALLABLE                                        |     |            |      |               |
|                                          | 02/11/2020 DUE                                   | 285,000                                                    |     | 251,336    |      |               |
|                                          | WINGSPIRE EQUIP FIN LLC SER 2024 1               | 09/20/2032                                                 |     |            |      |               |
|                                          | CL A 2 4.99% DTD 08/28/2024 DUE                  | 135,000                                                    |     | 135,215    |      |               |
|                                          | XILINX INC SR GLBL NT 2.375% DTD                 | CALLABLE                                                   |     |            |      |               |
|                                          | 05/19/2020 DUE 06/01/2030                        | 280,000                                                    |     | 246,784    |      |               |
| Total Corporate Bonds                    |                                                  |                                                            | \$  | 13,539,300 |      |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                       | (b)                                              | (c)                                                        | (d)            | (e)            |      |               |
|---------------------------|--------------------------------------------------|------------------------------------------------------------|----------------|----------------|------|---------------|
|                           | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |                |                | Cost | Current Value |
|                           | Party                                            | date, rate of interest, collateral, par, or maturity value |                |                |      |               |
|                           |                                                  | Shares / Par                                               |                |                |      |               |
|                           | Description                                      | Value                                                      |                |                |      |               |
| Common Collective Trusts: |                                                  |                                                            |                |                |      |               |
|                           | S&P 500 FLAGSHIP NL FUND                         | 10                                                         | \$ 30,697,251  | \$ 43,709,355  |      |               |
|                           | PIONEER MULTI-SECTOR FIXED INCOME TR             | 10                                                         | 36,325,000     | 40,619,917     |      |               |
|                           | Total Common Collective Trusts                   |                                                            | \$ 67,022,251  | \$ 84,329,272  |      |               |
| Pooled Separate Accounts: |                                                  |                                                            |                |                |      |               |
|                           | PRISA II REAL ESTATE FUND                        | 1                                                          | \$ 8,000,000   | \$ 9,642,133   |      |               |
|                           | Total Pooled Separate Accounts                   |                                                            | \$ 8,000,000   | \$ 9,642,133   |      |               |
| Hedge Fund:               |                                                  |                                                            |                |                |      |               |
|                           | ABS ALPHA LTD                                    | 10                                                         | \$ 6,000,000   | \$ 10,852,438  |      |               |
|                           | Total Hedge Funds                                |                                                            | \$ 6,000,000   | \$ 10,852,438  |      |               |
| Real Estate Fund:         |                                                  |                                                            |                |                |      |               |
|                           | AMERICAN CORE REALTY FUND, LLC                   | 1                                                          | \$ 6,500,000   | \$ 9,364,691   |      |               |
|                           | Total Real Estate Funds                          |                                                            | \$ 6,500,000   | \$ 9,364,691   |      |               |
| Mutual Funds:             |                                                  |                                                            |                |                |      |               |
|                           | EATON VANCE ATLANTA CAPITAL SMID-CAP             | 545,980                                                    | \$ 13,856,473  | \$ 23,750,606  |      |               |
|                           | ARTISAN INTERNATIONAL VALUE FUND                 | 361,985                                                    | 14,245,134     | 17,742,168     |      |               |
|                           | WCM FOCUSED INTERNATIONAL GROWTH                 | 630,063                                                    | 13,675,881     | 15,336,658     |      |               |
|                           | Total Mutual Funds                               |                                                            | \$ 41,777,488  | \$ 56,829,432  |      |               |
| Money Market Funds:       |                                                  |                                                            |                |                |      |               |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 265,853                                                    | \$ 1,652,799   | \$ 1,652,799   |      |               |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 1,383,633                                                  | 839,194        | 839,194        |      |               |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 56,129                                                     | 78,435         | 78,435         |      |               |
|                           | Total Money Market Funds                         |                                                            | \$ 2,570,428   | \$ 2,570,428   |      |               |
|                           | Total All Investments                            |                                                            | \$ 168,846,206 | \$ 208,634,012 |      |               |

\* Indicates a party-in-interest to the Plan.

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**DECEMBER 31, 2024**

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| <u>(a)</u> | <u>(b)</u><br><u>Description of Asset</u>    | <u>(c)</u><br><u>Purchase</u><br><u>Price</u> | <u>(d)</u><br><u>Selling Price</u> | <u>(g)</u><br><u>Cost of Asset</u> | <u>(h)</u><br><u>Current Value</u><br><u>of Asset on</u><br><u>Transaction</u><br><u>Date</u> | <u>(i)</u><br><u>Net or (Loss)</u> |
|------------|----------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------|
|            | Goldman Sachs Financial<br>Square Funds #465 | \$ -                                          | \$ 18,058,684                      | \$ 18,058,684                      | \$ 18,058,685                                                                                 | \$ -                               |
|            | Goldman Sachs Financial<br>Square Funds #465 | \$ 18,924,388                                 | \$ -                               | \$ 18,924,388                      | \$ 18,924,388                                                                                 | \$ -                               |
|            | Pioneer Multi-Sector Fixed<br>Income         | \$ 11,000,000                                 | \$ -                               | \$ 11,000,000                      | \$ 11,000,000                                                                                 | \$ -                               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                              | (c)                                                        | (d)     | (e)      |      |               |
|----------------------------------------------|--------------------------------------------------|------------------------------------------------------------|---------|----------|------|---------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |         |          | Cost | Current Value |
|                                              | Party                                            | date, rate of interest, collateral, par, or maturity value |         |          |      |               |
|                                              |                                                  | Shares / Par                                               |         |          |      |               |
|                                              | Description                                      | Value                                                      |         |          |      |               |
| US Government and Federal Agency Securities: |                                                  |                                                            |         |          |      |               |
| Managed by First National Bank of Omaha:     |                                                  |                                                            |         |          |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         | CL DA 3.50% DTD                                            |         |          |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 04/01/2016 DUE                                             |         |          |      |               |
|                                              | SER 4567                                         | 06/15/2043 IPD14                                           | 1,665   | \$ 1,753 |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |         | \$ 1,661 |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 03/01/2017 DUE                                             |         |          |      |               |
|                                              | SER 4666 CL UA                                   | 12/15/2054 IPD14                                           | 31,226  | 32,865   |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |         | 30,747   |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 01/01/2018 DUE                                             |         |          |      |               |
|                                              | 3.459% DTD                                       | 11/25/2032 IPD24                                           | 155,000 | 158,094  |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |         | 140,261  |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 4.00% DTD 10/01/2018                                       |         |          |      |               |
|                                              | SER 4839 CL AE                                   | DUE 04/15/2051 IPD14                                       | 104,404 | 109,689  |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |         | 99,116   |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 2 A 3.50% DTD 11/01/2016                                   |         |          |      |               |
|                                              | SER 2016 SC02 CL                                 | DUE 10/25/2046 IPD24                                       | 43,381  | 44,222   |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |         | 38,785   |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 07/01/2017 DUE                                             |         |          |      |               |
|                                              | SER 2017 2 CL HA                                 | 08/25/2056 IPD24                                           | 94,374  | 96,807   |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         | FLTG RATE DTD                                              |         | 87,203   |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 02/01/2018 DUE                                             |         |          |      |               |
|                                              | SER 2018 1 CL HA                                 | 05/25/2057 IPD24                                           | 59,547  | 57,729   |      |               |
|                                              | FEDERAL HOME LN MTG CORP                         |                                                            |         | 55,086   |      |               |
|                                              | MULTICLASS MTG PARTN CTFS GTD                    | 3.00% DTD 07/01/2018                                       |         |          |      |               |
|                                              | SER 2018 3 CL HA                                 | DUE 08/27/2057 IPD24                                       | 66,848  | 66,906   |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 61,979   |      |               |
|                                              | CTF GROUP #ZA2187 4.500% DTD                     |                                                            |         |          |      |               |
|                                              | 09/01/2018                                       | DUE 11/01/2030 IPD24                                       | 33,230  | 34,816   |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 32,968   |      |               |
|                                              | CTF GROUP #ZA4245 3.000% DTD                     |                                                            |         |          |      |               |
|                                              | 10/01/2018                                       | DUE 07/01/2043 IPD24                                       | 148,634 | 154,928  |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 131,131  |      |               |
|                                              | CTF GROUP #ZS4007 4.000% DTD                     |                                                            |         |          |      |               |
|                                              | 09/01/2018                                       | DUE 10/01/2044 IPD24                                       | 74,094  | 79,582   |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 69,124   |      |               |
|                                              | CTF GROUP #ZS9566 4.000% DTD                     |                                                            |         |          |      |               |
|                                              | 09/01/2018                                       | DUE 12/01/2045 IPD24                                       | 59,270  | 63,271   |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 55,284   |      |               |
|                                              | CTF GROUP #SD1740 4.500% DTD                     |                                                            |         |          |      |               |
|                                              | 10/01/2022                                       | DUE 10/01/2052 IPD24                                       | 340,478 | 328,933  |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 322,000  |      |               |
|                                              | CTF GROUP #SD1046 4.000% DTD                     |                                                            |         |          |      |               |
|                                              | 06/01/2022                                       | DUE 07/01/2052 IPD24                                       | 408,260 | 402,264  |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 376,665  |      |               |
|                                              | CTF GROUP #SD1087 3.500% DTD                     |                                                            |         |          |      |               |
|                                              | 06/01/2022                                       | DUE 06/01/2052 IPD24                                       | 504,480 | 448,830  |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 449,139  |      |               |
|                                              | CTF GROUP #SD1115 4.000% DTD                     |                                                            |         |          |      |               |
|                                              | 06/01/2022                                       | DUE 07/01/2052 IPD24                                       | 278,737 | 280,740  |      |               |
|                                              | FEDERAL HOME LN MTG CORP PARTN                   |                                                            |         | 256,111  |      |               |
|                                              | CTF GROUP #SD1663 4.000% DTD                     |                                                            |         |          |      |               |
|                                              | 09/01/2022                                       | DUE 10/01/2052 IPD24                                       | 355,943 | 328,635  |      |               |
|                                              |                                                  |                                                            |         | 326,752  |      |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                                                    | (c)                                          | (d)        | (e)           |                                             |
|----------------------------------------------|------------------------------------------------------------------------|----------------------------------------------|------------|---------------|---------------------------------------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar                       | Description of investment including maturity |            |               | date, rate of interest, collateral, par, or |
|                                              | Party                                                                  | maturity value                               |            |               |                                             |
|                                              |                                                                        | Shares / Par                                 | Cost       | Current Value |                                             |
|                                              | Description                                                            | Value                                        |            |               |                                             |
| US Government and Federal Agency Securities: |                                                                        |                                              |            |               |                                             |
| Managed by First National Bank of Omaha:     |                                                                        |                                              |            |               |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7194 3.500% DTD 04/01/2022 | DUE 04/01/2052 IPD24 352,886                 | \$ 331,230 | \$ 313,638    |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA6436 2.500% DTD 11/01/2021 | DUE 12/01/2051 IPD24 164,016                 | 156,232    | 135,451       |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7549 4.000% DTD 06/01/2022 | DUE 06/01/2052 IPD24 455,591                 | 427,686    | 417,540       |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA7779 4.500% DTD 08/01/2022 | DUE 08/01/2052 IPD24 291,764                 | 284,128    | 275,037       |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA8528 5.000% DTD 02/01/2023 | DUE 02/01/2053 IPD24 270,827                 | 269,642    | 263,154       |                                             |
|                                              | FEDERAL HOME LN MTG CORP PARTN CTF GROUP #RA9070 6.000% DTD 05/01/2023 | DUE 05/01/2053 IPD24 280,390                 | 276,096    | 284,545       |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #255189 5.000% DTD         | 04/01/2004 DUE 05/01/2034 IPD24 7,247        | 6,941      | 7,188         |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #386641 5.800% DTD         | 12/01/2003 DUE 12/01/2033 IPD24 177,577      | 200,024    | 177,009       |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL0240 4.000% DTD         | 04/01/2011 DUE 04/01/2041 IPD24 72,302       | 73,618     | 68,216        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL2382 4.000% DTD         | 08/01/2012 DUE 02/01/2042 IPD24 29,766       | 30,636     | 28,072        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL9970 3.409% DTD         | 02/01/2017 DUE 02/01/2027 IPD24 28,248       | 29,325     | 27,304        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AM2127 3.310% DTD         | 01/01/2013 DUE 01/01/2033 IPD24 390,158      | 378,331    | 353,105       |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AS3175 4.500% DTD         | 07/01/2014 DUE 08/01/2044 IPD24 63,577       | 69,517     | 61,085        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AS5235 3.500% DTD         | 05/01/2015 DUE 06/01/2045 IPD24 42,851       | 45,014     | 40,170        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #BO2256 3.000% DTD         | 10/01/2019 DUE 10/01/2049 IPD24 149,637      | 155,062    | 129,192       |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CA0684 3.500% DTD         | 10/01/2017 DUE 11/01/2047 IPD24 110,850      | 109,343    | 99,689        |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CB2094 3.000% DTD         | 10/01/2021 DUE 11/01/2051 IPD24 205,608      | 210,652    | 175,982       |                                             |
|                                              | FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #CB3233 3.000% DTD         | 03/01/2022 DUE 04/01/2052 IPD24 469,724      | 448,366    | 403,262       |                                             |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                              | (c)                                          | (d)        | (e)        |                                             |               |
|----------------------------------------------|--------------------------------------------------|----------------------------------------------|------------|------------|---------------------------------------------|---------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity |            |            | date, rate of interest, collateral, par, or | Current Value |
|                                              | Party                                            | maturity value                               |            |            |                                             |               |
|                                              |                                                  | Shares / Par                                 | Cost       |            |                                             |               |
|                                              | Description                                      | Value                                        |            |            |                                             |               |
| US Government and Federal Agency Securities: |                                                  |                                              |            |            |                                             |               |
| Managed by First National Bank of Omaha:     |                                                  |                                              |            |            |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 07/01/2022 DUE 08/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4393 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 341,212                                      | \$ 318,980 | \$ 322,073 |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2022 DUE 07/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4100 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 322,399                                      | 316,304    | 304,925    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 08/01/2022 DUE 09/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB4561 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 96,454                                       | 95,821     | 93,661     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2023 DUE 07/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB6726 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 436,654                                      | 422,668    | 426,131    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 10/01/2023 DUE 11/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB7422 5.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 334,103                                      | 333,789    | 331,777    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 09/01/2024 DUE 10/01/2054                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #CB9308 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 621,505                                      | 614,683    | 603,519    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 03/01/2020 DUE 02/01/2050                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FM2725 3.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 375,031                                      | 313,327    | 319,380    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 01/01/2022 DUE 01/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS0331 3.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 560,523                                      | 519,327    | 477,784    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 04/01/2022 DUE 04/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS1555 3.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 433,033                                      | 426,402    | 385,031    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 05/01/2022 DUE 06/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS2060 4.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 271,009                                      | 267,495    | 250,120    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 05/01/2022 DUE 06/01/2052                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS2089 3.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 285,281                                      | 270,081    | 254,439    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 01/01/2023 DUE 04/01/2050                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS3825 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 204,559                                      | 206,221    | 195,208    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 03/01/2023 DUE 01/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS4081 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 278,445                                      | 276,530    | 270,782    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2023 DUE 06/01/2053                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #FS5179 5.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 297,804                                      | 287,335    | 289,525    |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 10/01/2007 DUE 10/01/2037                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #949313 6.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 24,585                                       | 25,317     | 25,630     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 06/01/2009 DUE 06/01/2039                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AA7002 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 11,881                                       | 12,799     | 11,519     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 12/01/2009 DUE 01/01/2040                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AD0575 4.500%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 40,128                                       | 42,354     | 38,904     |                                             |               |
|                                              | FEDERAL NATL MTG ASSN GTD                        | 09/01/2010 DUE 09/01/2038                    |            |            |                                             |               |
|                                              | PASSTHRU CTF POOL #AE0336 6.000%                 | IPD24                                        |            |            |                                             |               |
|                                              | DTD                                              | 7,353                                        | 8,040      | 7,624      |                                             |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a) | (b)                                                                     | (c)                                                                                                     | (d)                | (e)       |           |
|-----|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|-----------|-----------|
|     | Identity of Issuer, Borrower, Lessor, or Similar Party                  | Description of investment including maturity date, rate of interest, collateral, par, or maturity value |                    |           | Cost      |
|     |                                                                         | Description                                                                                             | Shares / Par Value |           |           |
|     | US Government and Federal Agency Securities:                            |                                                                                                         |                    |           |           |
|     | Managed by First National Bank of Omaha:                                |                                                                                                         |                    |           |           |
|     | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2012 145       | CL HQ 4.00% DTD 12/01/2012<br>DUE 01/25/2033 IPD24                                                      | 46,847             | \$ 52,088 | \$ 45,432 |
|     | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2017 49        | CL JA 4.00% DTD 06/01/2017<br>DUE 07/25/2053 IPD24                                                      | 32,768             | 33,812    | 32,473    |
|     | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2019 M8 CL     | ADP FLTG RATE DTD<br>05/01/2019 DUE 04/25/2029<br>IPD24                                                 | 104,345            | 110,988   | 100,572   |
|     | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2019 27 CL     | MB 4.00% DTD 05/01/2019<br>DUE 12/25/2051 IPD24                                                         | 53,640             | 55,819    | 52,294    |
|     | FEDERAL NATL MTG ASSN GTD REMIC PASSTHRU TR REMIC TR SER 2020 94 CL     | GJ 2.50% DTD 12/01/2020<br>DUE 01/25/2051 IPD24                                                         | 142,537            | 151,000   | 125,712   |
|     | FREDDIE MAC SEASONED CR RISK TRANSFER TR 4.50% DTD 11/01/2017           | DUE 06/25/2057 IPD24                                                                                    | 86,813             | 92,626    | 82,786    |
|     | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 144A 2.75% DTD       | 09/01/2019 DUE 09/25/2029<br>IPD24                                                                      | 375,000            | 386,253   | 337,012   |
|     | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 2.75% DTD 11/01/2019 | DUE 11/25/2029 IPD24                                                                                    | 145,000            | 145,951   | 131,038   |
|     | FREDDIE MAC SEASONED LNS STRUCTURED TRANSACTION TR 2.00% DTD 07/01/2020 | DUE 07/25/2030 IPD24                                                                                    | 115,536            | 119,891   | 104,464   |
|     | FREDDIE SCRTT SERIES SER 2020 2 CL MAU 2.50% DTD 06/01/2020 DUE         | 11/25/2059 IPD24                                                                                        | 123,575            | 130,569   | 111,860   |
|     | GNMA II PASSTHRU CTF POOL #786915 5.50% DTD 09/01/2023 DUE 09/20/2053   | IPD19                                                                                                   | 292,184            | 285,428   | 292,810   |
|     | GNMA II PASSTHRU CTF POOL #AD8811 3.00% DTD 03/01/2013 DUE 03/20/2043   | IPD19                                                                                                   | 108,616            | 111,229   | 94,024    |
|     | GOVERNMENT NATL MTG ASSN GTD REMIC PASSTHRU SECS SER 2018 068 CL A      | 2.85% DTD 05/01/2018 DUE<br>04/16/2050 IPD15                                                            | 53,933             | 54,584    | 51,863    |
|     | GOVERNMENT NATL MTG ASSN GTD REMIC PASSTHRU SECS SER 2019 H07 CL BA     | FLTG RATE DTD 04/01/2019<br>DUE 01/20/2069 IPD19                                                        | 84,359             | 85,870    | 81,037    |
|     | SMALL BUSINESS ADMIN GTD LN POOL CTFS 5.87% DTD 05/17/2006 DUE          | 05/01/2026                                                                                              | 2,285              | 2,341     | 2,282     |
|     | US TREASURY BOND 5.375% DTD 02/15/01 DUE 02/15/2031                     |                                                                                                         | 400,000            | 496,292   | 419,560   |
|     | US TREASURY BOND 1.750% DTD 01/31/08 DUE 01/15/2028                     | TREASURY INFLATION<br>PROTECTION SERVICES                                                               | 339,012            | 365,833   | 336,612   |
|     | US TREASURY BOND 3.625% DTD 08/15/2013 DUE 08/15/2043                   |                                                                                                         | 75,000             | 68,338    | 63,555    |
|     | US TREASURY NOTE 2.75% DTD 02/15/2018 DUE 02/15/2028                    |                                                                                                         | 100,000            | 96,750    | 95,505    |
|     | US TREASURY NOTE 2.25% DTD 02/15/2017 DUE 02/15/2027                    |                                                                                                         | 1,420,000          | 1,343,110 | 1,362,944 |
|     | US TREASURY NOTE 1.50% DTD 02/15/2020 DUE 02/15/2030                    |                                                                                                         | 2,470,000          | 2,172,206 | 2,145,244 |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                          | (b)                                               | (c)                                          | (d)           | (e)           |                                             |               |
|----------------------------------------------|---------------------------------------------------|----------------------------------------------|---------------|---------------|---------------------------------------------|---------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar  | Description of investment including maturity |               |               | date, rate of interest, collateral, par, or | Current Value |
|                                              | Party                                             | maturity value                               |               |               |                                             |               |
|                                              |                                                   | Shares / Par                                 | Cost          |               |                                             |               |
|                                              | Description                                       | Value                                        |               |               |                                             |               |
| US Government and Federal Agency Securities: |                                                   |                                              |               |               |                                             |               |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |                                             |               |
|                                              | US TREASURY NOTE 1.875% DTD                       |                                              |               |               |                                             |               |
|                                              | 02/15/2022 DUE 02/15/2032                         | 3,420,000                                    | \$ 2,985,542  | \$ 2,877,622  |                                             |               |
|                                              | US TREASURY NOTE 3.875% DTD                       |                                              |               |               |                                             |               |
|                                              | 08/15/2023 DUE 08/15/2033                         | 1,475,000                                    | 1,444,176     | 1,404,244     |                                             |               |
|                                              | US TREASURY NOTE 4.25% DTD                        |                                              |               |               |                                             |               |
|                                              | 02/29/2024 DUE 02/28/2029                         | 495,000                                      | 492,990       | 492,807       |                                             |               |
|                                              | US TREASURY NOTE 4.25% DTD                        |                                              |               |               |                                             |               |
|                                              | 11/15/2024 DUE 11/15/2034                         | 200,000                                      | 201,031       | 194,804       |                                             |               |
|                                              | Total US Government and Federal Agency Securities |                                              | \$ 22,434,094 | \$ 21,440,242 |                                             |               |
| State and Municipal Bonds:                   |                                                   |                                              |               |               |                                             |               |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |                                             |               |
|                                              | CONNECTICUT ST GO BDS 2009B TAXABLE               | CALLABLE                                     |               |               |                                             |               |
|                                              | 5.632% DTD 12/23/2009 DUE 12/01/2029              | 65,000                                       | \$ 65,000     | \$ 66,076     |                                             |               |
|                                              | Total State and Municipal Bonds                   |                                              | \$ 65,000     | \$ 66,076     |                                             |               |
| Corporate Bonds:                             |                                                   |                                              |               |               |                                             |               |
| Managed by First National Bank of Omaha:     |                                                   |                                              |               |               |                                             |               |
|                                              | AGILENT TECHNOLOGIES INC SR GLBL                  | CALLABLE                                     |               |               |                                             |               |
|                                              | 2.10% DTD 06/04/2020 DUE 06/04/2030               | 250,000                                      | \$ 240,884    | \$ 215,243    |                                             |               |
|                                              | ALIGNED DT CEN ISS LLC SER 2021 1 CL              | 08/15/2046                                   |               |               |                                             |               |
|                                              | A 2 1.937% DTD 08/25/2021 DUE                     | 240,000                                      | 240,000       | 228,152       |                                             |               |
|                                              | AMSR TRUST SER 2020 SFR2 CL A 2.34%               |                                              |               |               |                                             |               |
|                                              | DTD 06/18/2020 DUE 07/17/2037                     | 43,826                                       | 44,547        | 43,222        |                                             |               |
|                                              | ANGEL OAK MTG TR 2022-2 MTG                       | 3.353% DTD 03/15/2022 DUE                    |               |               |                                             |               |
|                                              | BACKED CTF CL A-1 144A                            | 01/25/2067 IPD24                             | 124,772       | 115,076       |                                             |               |
|                                              | AT&T INC SR GLBL 4.30% DTD 08/15/2018             | CALLABLE                                     |               |               |                                             |               |
|                                              | DUE 02/15/2030                                    | 249,000                                      | 246,664       | 241,152       |                                             |               |
|                                              | BAMLL COM MTG SEC TR SER 2013                     | 03/12/2037 IPD9                              |               |               |                                             |               |
|                                              | WBRK CL A FLTG RATE DTD 04/01/2013                |                                              |               |               |                                             |               |
|                                              | DUE                                               | 230,000                                      | 245,238       | 225,400       |                                             |               |
|                                              | BANK AMER CORP MEDIUM TERM NT                     | 04/23/2027 CALLABLE                          |               |               |                                             |               |
|                                              | FLTG RATE DTD 04/23/2019 DUE                      | 100,000                                      | 100,823       | 98,394        |                                             |               |
|                                              | BANK SER 2019 BNK16 CL A SB FLTG                  | 02/16/2052 IPD14                             |               |               |                                             |               |
|                                              | RATE DTD 02/01/2019 DUE                           | 116411.25                                    | 119,903       | 114,596       |                                             |               |
|                                              | BAYLOR SCOTT & WHITE HLDGS SR                     | 11/15/2030 CALLABLE                          |               |               |                                             |               |
|                                              | SEC GLBL 1.777% DTD 01/21/2021 DUE                | 180,000                                      | 180,000       | 150,689       |                                             |               |
|                                              | BK OF AMERICA CORP FR VAR RATE                    | 04/22/2032 CALLABLE                          |               |               |                                             |               |
|                                              | DTD 04/22/2021 DUE                                | 160,000                                      | 135,214       | 137,534       |                                             |               |
|                                              | BRAVO RES FDG TR SER 2021 HE1 CL A                | 01/27/2070                                   |               |               |                                             |               |
|                                              | 1 FLTG RATE DTD 03/11/2021 DUE                    | 170,863                                      | 168,944       | 170,368       |                                             |               |
|                                              | BREAN ASSET BACKED SECS TR 2021-                  | 03/30/2021 DUE 10/25/2063                    |               |               |                                             |               |
|                                              | RM1 MTG BACKED NT CL A 144A 1.40%                 |                                              |               |               |                                             |               |
|                                              | DTD                                               | 135,204                                      | 127,588       | 122,307       |                                             |               |
|                                              | BX CM MTG SER 2021 VOLT CL A FLTG                 | 09/15/2036                                   |               |               |                                             |               |
|                                              | RATE DTD 09/29/2021 DUE                           | 215,000                                      | 215,000       | 214,597       |                                             |               |
|                                              | CAMPBELL SOUP CO SR GLBL NT                       | CALLABLE                                     |               |               |                                             |               |
|                                              | 2.375% DTD 04/24/2020 DUE 04/24/2030              | 270,000                                      | 221,181       | 236,895       |                                             |               |
|                                              | CB RICHARD ELLIS SVCS INC SR NT                   | CALLABLE                                     |               |               |                                             |               |
|                                              | 2.50% DTD 03/18/2021 DUE 04/01/2031               | 275,000                                      | 271,039       | 234,058       |                                             |               |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                      | (b)                                              | (c)                                                        |                    | (d)        | (e)        |      |               |
|------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------|------------|------------|------|---------------|
|                                          | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity               |                    |            |            | Cost | Current Value |
|                                          | Party                                            | date, rate of interest, collateral, par, or maturity value |                    |            |            |      |               |
|                                          |                                                  | Description                                                | Shares / Par Value |            |            |      |               |
| Corporate Bonds:                         |                                                  |                                                            |                    |            |            |      |               |
| Managed by First National Bank of Omaha: |                                                  |                                                            |                    |            |            |      |               |
|                                          | CD 2018-CD7 MTG TR COML MTG                      | 08/01/2018 DUE 08/15/2051                                  |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A-SB 4.213% DTD                  | IPD14                                                      | 123,149            | \$ 126,836 | \$ 121,949 |      |               |
|                                          | CF HIPPOLYTA ISSUER LLC 2021-1 NET               | 03/18/2021 DUE 03/15/2061                                  |                    |            |            |      |               |
|                                          | LEASE MTG NT CL A-1 144A 1.53% DTD               |                                                            | 169,641            | 168,389    | 160,828    |      |               |
|                                          | CHASE HOME LENDING MTG TR SER                    | DUE 06/25/2062 IPD24                                       |                    |            |            |      |               |
|                                          | 2023 RPL1 CL A 1 FLTG RATE DTD                   |                                                            |                    |            |            |      |               |
|                                          | 04/01/2023                                       |                                                            | 158,508            | 143,419    | 144,802    |      |               |
|                                          | CITIGROUP INC SR GLBL NT VAR RATE                | 01/10/2028 CALLABLE                                        |                    |            |            |      |               |
|                                          | DTD 01/10/2017 DUE                               |                                                            | 175,000            | 174,195    | 171,542    |      |               |
|                                          | CITIGROUP INC SR NT VAR RATE DTD                 | 05/24/2033 CALLABLE                                        |                    |            |            |      |               |
|                                          | 05/24/2022 DUE                                   |                                                            | 85,000             | 84,434     | 82,153     |      |               |
|                                          | CITIGROUP MTG LN TR 2019-RP1 MTG                 | 04/01/2019 DUE 01/25/2066                                  |                    |            |            |      |               |
|                                          | BACKED NT CL A-1 144A 3.50% DTD                  | IPD24                                                      | 51,871             | 52,294     | 50,237     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2004 NCM1                | 07/25/2034 IPD24                                           |                    |            |            |      |               |
|                                          | CL IA 2 6.50% DTD 06/01/2004 DUE                 |                                                            | 27,467             | 27,093     | 27,359     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2014 A CL A              | 01/25/2035 IPD24                                           |                    |            |            |      |               |
|                                          | FLTG RATE DTD 02/01/2014 DUE                     |                                                            | 26,950             | 27,902     | 25,829     |      |               |
|                                          | CITIGROUP MTG LN TR SER 2015 RP2 CL              | 01/25/2053 IPD24                                           |                    |            |            |      |               |
|                                          | A FLTG RATE DTD 05/01/2015 DUE                   |                                                            | 50,568             | 52,590     | 48,079     |      |               |
|                                          | COMMONBOND ST LN TR SER 2018 C GS                | 02/25/2046                                                 |                    |            |            |      |               |
|                                          | CL A 1 3.87% DTD 12/13/2018 DUE                  |                                                            | 31,312             | 32,199     | 29,728     |      |               |
|                                          | COREVEST AMERN FIN 2020-3 TR MTG                 | 1.358% DTD 09/01/2020 DUE                                  |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A 144A                           | 08/15/2053 IPD14                                           | 55,087             | 55,086     | 53,088     |      |               |
|                                          | COREVEST AMERN FIN 2020-4 TR MTG                 | DTD 12/01/2020 DUE                                         |                    |            |            |      |               |
|                                          | PASSTHRU CTF CL A 144A 1.174%                    | 12/15/2052 IPD14                                           | 87,812             | 87,810     | 85,500     |      |               |
|                                          | CSFB MTG PTC SER 2003 8 CL I A 1                 | IPD24                                                      |                    |            |            |      |               |
|                                          | 5.75% DTD 03/01/2003 DUE 04/25/2033              |                                                            | 5,607              | 5,387      | 5,475      |      |               |
|                                          | CSMC TR SER 2021 INV2 CL A 4A FLTG               | 11/25/2056 IPD24                                           |                    |            |            |      |               |
|                                          | RATE DTD 10/01/2021 DUE                          |                                                            | 168,610            | 170,349    | 149,009    |      |               |
|                                          | CSMC TRUST SER 2017 FHA1 CL A 1                  | 04/25/2047 IPD24                                           |                    |            |            |      |               |
|                                          | FLTG RATE DTD 05/01/2017 DUE                     |                                                            | 153,465            | 162,433    | 137,167    |      |               |
|                                          | CSMLT TRUST SER 2015 3 CL 2 A 7 FLTG             | 10/25/2030 IPD24                                           |                    |            |            |      |               |
|                                          | RATE DTD 11/01/2015 DUE                          |                                                            | 10,250             | 10,436     | 9,713      |      |               |
|                                          | DISNEY WALT CO SR NT 2.65% DTD                   | CALLABLE                                                   |                    |            |            |      |               |
|                                          | 05/13/2020 DUE 01/13/2031                        |                                                            | 240,000            | 259,968    | 212,458    |      |               |
|                                          | DOLLAR GEN CORP SR GLBL 3.50% DTD                | CALLABLE                                                   |                    |            |            |      |               |
|                                          | 04/03/2020 DUE 04/03/2030                        |                                                            | 240,000            | 247,809    | 220,241    |      |               |
|                                          | EBAY INC SR GLBL 3.60% DTD 06/06/2017            | CALLABLE                                                   |                    |            |            |      |               |
|                                          | DUE 06/05/2027                                   |                                                            | 215,000            | 218,315    | 209,715    |      |               |
|                                          | EDVESTINU PRIVATE ED LN ISSUE NO 4               | CL A 5.25% DTD 09/29/2022                                  |                    |            |            |      |               |
|                                          | LLC ASSET BACKED NT SER 2022-A 144A              | DUE 11/25/2040                                             | 136,918            | 133,530    | 135,660    |      |               |
|                                          | EDVESTINU PVT ED LN SER 2021 A CL A              |                                                            |                    |            |            |      |               |
|                                          | 1.80% DTD 03/11/2021 DUE 11/27/2045              |                                                            | 71,832             | 71,753     | 65,472     |      |               |
|                                          | EVERBANK MTG LN TR SER 2013 1 CL A               | 03/25/2043 IPD24                                           |                    |            |            |      |               |
|                                          | 2 FLTG RATE DTD 03/01/2013 DUE                   |                                                            | 46,575             | 45,178     | 41,519     |      |               |
|                                          | FHLMCT SLSTT SERIES SER 2019 3 CL A              | 10/25/2059 IPD24                                           |                    |            |            |      |               |
|                                          | 1C 2.75% DTD 11/01/2019 DUE                      |                                                            | 84,053             | 86,050     | 78,016     |      |               |
|                                          | FHLMCT SLSTT SERIES SER 2020 2 CL A              | 09/27/2060 IPD24                                           |                    |            |            |      |               |
|                                          | 1C 2.00% DTD 09/01/2020 DUE                      |                                                            | 119,116            | 123,886    | 107,535    |      |               |
|                                          | FLAGSTAR MTG TR 2021-2 MTG PASS                  | DUE 04/25/2051 IPD24                                       |                    |            |            |      |               |
|                                          | THRU CTF CL A-6 144A 2.5% DTD                    |                                                            |                    |            |            |      |               |
|                                          | 04/01/2021                                       |                                                            | 1,480              | 1,522      | 1,294      |      |               |

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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

|     | (b)                                              | (c)                                          |                    | (d)        | (e)           |
|-----|--------------------------------------------------|----------------------------------------------|--------------------|------------|---------------|
|     | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity |                    |            |               |
| (a) | Party                                            | date, rate of interest, collateral, par, or  | maturity value     | Cost       | Current Value |
|     |                                                  | Description                                  | Shares / Par Value |            |               |
|     | Corporate Bonds:                                 |                                              |                    |            |               |
|     | Managed by First National Bank of Omaha:         |                                              |                    |            |               |
|     | FLAGSTAR MTG TR 2021-51NV MTG                    | 06/01/2021 DUE 07/25/2051                    |                    |            |               |
|     | PASSTHRU CTF CL A-5 144A 2.50% DTD               | IPD24                                        | 131,975            | \$ 134,800 | \$ 116,053    |
|     | FRTKL 2021-SFR1 SINGLE FAMILY                    | 08/27/2021 DUE 09/17/2038                    |                    |            |               |
|     | RENTAL PASSTHRU 144A C 1.571% DTD                | IPD16                                        | 215,000            | 211,689    | 202,200       |
|     | GOLDMAN SACHS GROUP INC FLTG                     | DUE 02/24/2033                               |                    |            |               |
|     | RATE DTD 01/24/2022                              |                                              | 275,000            | 242,339    | 237,014       |
|     | GS MORTGAGE SEC TR SER 2020 GC47                 | 05/14/2053 IPD11                             |                    |            |               |
|     | CL A AB FLTG RATE DTD 05/01/2020 DUE             |                                              | 210,000            | 216,299    | 195,699       |
|     | GS MTG SECS CORP TR SER 2021 DM CL               | 11/15/2036                                   |                    |            |               |
|     | A FLTG RATE DTD 12/16/2021 DUE                   |                                              | 180,000            | 179,432    | 179,399       |
|     | HARMAN INTL INDS INC SR NT 4.15%                 | CALLABLE                                     |                    |            |               |
|     | DTD 05/11/2015 DUE 05/15/2025                    |                                              | 80,000             | 88,700     | 79,638        |
|     | HUDSON YARDS MTG TR SER 2019 30HY                | 07/12/2039 IPD11                             |                    |            |               |
|     | CL A 3.228% DTD 07/01/2019 DUE                   |                                              | 225,000            | 231,732    | 204,453       |
|     | HUNDRED ACRE WOOD TR 2021-INV1                   | 05/01/2021 DUE 07/25/2051                    |                    |            |               |
|     | MTG PASSTHRU CTF CL A9 144A 2.50%                | IPD24                                        | 163,479            | 168,077    | 143,997       |
|     | DTD                                              |                                              |                    |            |               |
|     | HUNTINGTON INGALLS INDS INC SR                   | 12/01/2027 CALLABLE                          |                    |            |               |
|     | GLBL NT 3.483% DTD 06/01/2018 DUE                |                                              | 230,000            | 235,887    | 220,846       |
|     | INTERCONTINENTAL EXCHANGE INC SR                 | 06/15/2030 CALLABLE                          |                    |            |               |
|     | GLBL 2.10% DTD 05/26/2020 DUE                    |                                              | 235,000            | 237,831    | 203,580       |
|     | JPMORGAN CHASE & CO GLBL NT VAR                  | 10/15/2030 CALLABLE                          |                    |            |               |
|     | RATE DTD 09/12/2019 DUE                          |                                              | 145,000            | 122,913    | 130,619       |
|     | JPMORGAN CHASE & CO SR FLT NT VAR                | 01/23/2035 CALLABLE                          |                    |            |               |
|     | RATE DTD 01/23/2024 DUE                          |                                              | 115,000            | 114,915    | 114,270       |
|     | KEYCORP MEDIUM TERM NTS FR 2.25%                 | NON-CALLABLE                                 |                    |            |               |
|     | DTD 02/06/2020 DUE 04/06/2027                    |                                              | 155,000            | 154,123    | 146,244       |
|     | KNDR TRUST SER 2021 KIND CL A FLTG               | 08/16/2038                                   |                    |            |               |
|     | RATE DTD 08/16/2021 DUE                          |                                              | 193,385            | 193,385    | 191,491       |
|     | MCDONALDS CORP MED TERM NT FR                    | CALLABLE                                     |                    |            |               |
|     | 2.125% DTD 03/05/2020 DUE 03/01/2030             |                                              | 275,000            | 278,104    | 240,378       |
|     | MELLO MTG CAP ACCP SER 2021 INV2                 | 08/25/2051                                   |                    |            |               |
|     | CL A 4 FLTG RATE DTD 08/30/2021 DUE              |                                              | 164,262            | 168,111    | 143,319       |
|     | META PLATFORMS INC GLBL NT 3.85%                 | CALLABLE                                     |                    |            |               |
|     | DTD 08/09/2022 DUE 08/15/2032                    |                                              | 95,000             | 94,976     | 88,287        |
|     | MFA SER 2021 INV1 CL A 1 1.10% DTD               | IPD24                                        |                    |            |               |
|     | 01/01/2021 DUE 01/25/2056                        |                                              | 23,577             | 23,576     | 22,607        |
|     | MORGAN STANLEY CAP SER 2019 H6 CL                | 06/17/2052 IPD16                             |                    |            |               |
|     | A SB FLTG RATE DTD 06/01/2019 DUE                |                                              | 287,146            | 295,745    | 277,095       |
|     | MORGAN STANLEY SR I VAR RATE DTD                 | 07/20/2033 CALLABLE                          |                    |            |               |
|     | 07/20/2022 DUE                                   |                                              | 240,000            | 236,389    | 232,512       |
|     | NATIONAL RETAIL PPTYS INC 4.30% DTD              | CALLABLE                                     |                    |            |               |
|     | 09/27/2018 DUE 10/15/2028                        |                                              | 230,000            | 232,314    | 224,535       |
|     | NAVIENT PRIV ED LN TR SER 2014 A CL              | 10/15/2031                                   |                    |            |               |
|     | A 3 FLTG RATE DTD 10/23/2014 DUE                 |                                              | 34,070             | 34,453     | 34,123        |
|     | NAVIENT PRIVATE ED LN SER 2021 F CL              | 02/18/2070                                   |                    |            |               |
|     | A 1.11% DTD 09/28/2021 DUE                       |                                              | 74,665             | 74,651     | 65,195        |
|     | NEW RESI MTG LN TR SER 2015 2 CL A 1             | 08/25/2055 IPD24                             |                    |            |               |
|     | FLTG RATE DTD 11/01/2015 DUE                     |                                              | 37,823             | 38,615     | 35,913        |

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**DECEMBER 31, 2024**

| (a) | (b)<br>Identity of Issuer, Borrower, Lessor, or Similar<br>Party | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     |                                                                  | Shares / Par<br>Value                                                                                                |             |                      |
|     | <b>Corporate Bonds:</b>                                          |                                                                                                                      |             |                      |
|     | <b>Managed by First National Bank of Omaha:</b>                  |                                                                                                                      |             |                      |
|     | NEW RESIDENTIAL MTG LN TR 2014-3                                 | 12/01/2014 DUE 11/25/2054<br>IPD24                                                                                   |             |                      |
|     | MTG BKD NT CL A-FXD3 144A 3.75% DTD                              |                                                                                                                      |             |                      |
|     | NEW RESIDENTIAL MTG LN TR 2018-1                                 | 28,033                                                                                                               | \$ 28,795   | \$ 26,484            |
|     | MTG BACKED NT CL A-1A 144A 4.00%                                 | DTD 01/01/2018 DUE                                                                                                   |             |                      |
|     | NEW RESIDENTIAL MTG LN TR 2020-1                                 | 12/25/2057 IPD24                                                                                                     | 39,260      | 35,522               |
|     | MTG BACKED NT CL A-1B 144A 3.50%                                 | DTD 12/01/2019 DUE                                                                                                   |             |                      |
|     | NMEF FUNDING LLC SER 2024 A CL A 2                               | 10/25/2059 IPD24                                                                                                     | 38,968      | 35,311               |
|     | 5.15% DTD 08/28/2024 DUE                                         | 12/15/2031                                                                                                           |             |                      |
|     | OBX TR SER 2022 J1 CL A 3 FLTG RATE                              | 145,000                                                                                                              | 144,984     | 145,286              |
|     | DTD 05/01/2022 DUE                                               | 02/25/2052 IPD24                                                                                                     |             |                      |
|     | ORACLE CORP SR GLBL 2.30% DTD                                    | 82,126                                                                                                               | 77,147      | 72,742               |
|     | 03/24/2021 DUE 03/25/2028                                        | CALLABLE                                                                                                             |             |                      |
|     | PROGRESS RESIDENTIAL 2021-SFR6 TR                                | 290,000                                                                                                              | 252,545     | 268,102              |
|     | SINGLE FAMILY RENTAL PASS THRU                                   | 144A CL A 1.524% DTD                                                                                                 |             |                      |
|     | CTFS                                                             | 07/09/2021 DUE 07/17/2038<br>IPD15                                                                                   | 183,944     | 176,015              |
|     | PROVIDENT FDG MTG TR SER 2021 1 CL                               | 04/25/2051 IPD24                                                                                                     |             |                      |
|     | A 3 FLTG RATE DTD 03/01/2021 DUE                                 |                                                                                                                      |             |                      |
|     | PROVIDENT FDG MTG TR SER 2021 2 CL                               | 238,687                                                                                                              | 244,990     | 208,551              |
|     | A 2 FLTG RATE DTD 05/01/2021 DUE                                 | 05/25/2051 IPD24                                                                                                     |             |                      |
|     | PSMC TR SER 2021 3 CL A 3 FLTG RATE                              | 1,007                                                                                                                | 1,033       | 880                  |
|     | DTD 09/01/2021 DUE                                               | 08/25/2051 IPD24                                                                                                     |             |                      |
|     | QUALCOMM INC SR GLBL NT 2.15% DTD                                | 172,097                                                                                                              | 175,109     | 151,947              |
|     | 05/08/2020 DUE 05/20/2030                                        | CALLABLE                                                                                                             |             |                      |
|     | RCKT MTG TR 2022-1 MTG PASS THRU                                 | 235,000                                                                                                              | 234,724     | 206,248              |
|     | CTF CL A-5 144A 2.5% DTD 01/18/2022                              | DUE 01/25/2052 IPD24                                                                                                 |             |                      |
|     | REGIONS FINANCIAL CORP NEW SR                                    | 129,076                                                                                                              | 128,554     | 111,866              |
|     | GLBL 1.80% DTD 08/12/2021 DUE                                    | CALLABLE                                                                                                             |             |                      |
|     | 08/12/2028                                                       | 225,000                                                                                                              | 215,753     | 200,412              |
|     | SEQUOIA MTG TR 2015-4 MTG                                        | 11/01/2015 DUE 11/25/2030<br>IPD24                                                                                   |             |                      |
|     | PASSTHRU CTF CL A-1 144A 3.00% DTD                               |                                                                                                                      |             |                      |
|     | SEQUOIA MTG TR 2021-4 MTG                                        | 29,718                                                                                                               | 30,162      | 28,728               |
|     | PASSTHRU CTF CL A-4 144A 2.50% DTD                               | DUE 06/25/2051 IPD24                                                                                                 |             |                      |
|     | 05/01/2021                                                       |                                                                                                                      |             |                      |
|     | STACK INFRASTRUCTURE ISSUER LLC                                  | 174,332                                                                                                              | 178,581     | 152,446              |
|     | SECD DATA CTR REV TERM NT 144A                                   | SER 2021-1 CL A-2 1.877%                                                                                             |             |                      |
|     | SER                                                              | DTD 03/18/2021 DUE                                                                                                   |             |                      |
|     | SUTHERLAND COML MTG TR 2021-                                     | 03/26/2046                                                                                                           | 110,000     | 105,820              |
|     | SBC10 COML MTG PASSTHRU CTF CL A                                 | 1.55% DTD 04/01/2021 DUE                                                                                             |             |                      |
|     | 144A                                                             | 12/25/2041 IPD24                                                                                                     |             |                      |
|     |                                                                  | 52,129                                                                                                               | 52,123      | 47,531               |
|     | TOWD PT MTG TR 2021-1 NT CL A1 144A                              | IPD24                                                                                                                |             |                      |
|     | 2.25% DTD 11/01/2021 DUE 11/25/2061                              |                                                                                                                      |             |                      |
|     | TOWD PT MTG TR SER 2017 4 CL A1                                  | 149,788                                                                                                              | 152,263     | 137,801              |
|     | FLTG RATE DTD 08/01/2017 DUE                                     | 06/25/2057 IPD24                                                                                                     |             |                      |
|     | TOWD PT MTG TR SER 2018 5 CL A1                                  | 44,113                                                                                                               | 45,436      | 42,822               |
|     | FLTG RATE DTD 09/01/2018 DUE                                     | 07/25/2058 IPD24                                                                                                     |             |                      |
|     | TRICON AMER HOMES TR SER 2020                                    | 78,892                                                                                                               | 81,098      | 74,955               |
|     | SFR2 CL A 1.482% DTD 11/10/2020 DUE                              | 11/18/2039                                                                                                           |             |                      |
|     | TSMC GLOBAL LTD SR GLBL 144A                                     | 201,313                                                                                                              | 201,308     | 183,957              |
|     | 1.375% DTD 09/28/2020 DUE 09/28/2030                             | CALLABLE                                                                                                             |             |                      |
|     | TTX CO FR 3.60% DTD 11/20/2014 DUE                               | 55,000                                                                                                               | 51,833      | 45,296               |
|     | 01/15/2025                                                       | CALLABLE                                                                                                             |             |                      |
|     |                                                                  | 210,000                                                                                                              | 218,820     | 209,882              |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                      | (b)                                                                           | (c)                                                                                                     |                    | (d)           | (e)           |
|------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|---------------|---------------|
|                                          | Identity of Issuer, Borrower, Lessor, or Similar Party                        | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost               |               |               |
|                                          |                                                                               | Description                                                                                             | Shares / Par Value |               |               |
| Corporate Bonds:                         |                                                                               |                                                                                                         |                    |               |               |
| Managed by First National Bank of Omaha: |                                                                               |                                                                                                         |                    |               |               |
|                                          | U S BANCORP MEDIUM TERM NTS<br>4.839% DTD 02/01/2023 DUE 02/01/2034           |                                                                                                         | 210,000            | \$ 202,508    | \$ 201,018    |
|                                          | UBS COMMERCIAL MTG TR SER 2019<br>C18 CL A SB FLTG RATE DTD 12/01/2019<br>DUE | 12/17/2052 IPD16                                                                                        |                    |               |               |
|                                          | UNION PAC CORP SR GLBL NT 3.95%<br>DTD 06/08/2018 DUE 09/10/2028              |                                                                                                         | 204,988            | 211,137       | 197,021       |
|                                          |                                                                               | CALLABLE                                                                                                |                    |               |               |
|                                          |                                                                               |                                                                                                         | 220,000            | 220,884       | 214,080       |
|                                          |                                                                               | CALLABLE                                                                                                |                    |               |               |
|                                          | US BANCORP DEL PERP GLBL J NT VAR<br>RATE DTD 02/13/2017 DUE 12/31/20         |                                                                                                         | 35,000             | 34,100        | 34,511        |
|                                          |                                                                               | PARTNERSHIP 2020-1 SECD<br>DATA CTR REV NT 144A CL<br>A-2 1.645% DTD 10/05/2020                         |                    |               |               |
|                                          | VANTAGE DATA CTRS ISSUER LLC /<br>VANTAGE DATA CTRS CDA LTD                   |                                                                                                         | 235,000            | 235,028       | 229,492       |
|                                          |                                                                               | NON-CALLABLE                                                                                            |                    |               |               |
|                                          | VERIZON COMMUNICATIONS INC 144A<br>NT 4.78% DTD 08/21/2024 DUE 02/15/2035     |                                                                                                         | 208,000            | 205,146       | 198,001       |
|                                          |                                                                               | 05/13/2025 CALLABLE                                                                                     |                    |               |               |
|                                          | VOLKSWAGEN GROUP AMER FIN LLC SR<br>GLBL 144A 3.35% DTD 05/13/2020 DUE        |                                                                                                         | 155,000            | 168,528       | 154,113       |
|                                          | WASTE MGMT INC DEL SR NT 1.50% DTD<br>11/17/2020 DUE 03/15/2031               |                                                                                                         | 230,000            | 225,139       | 187,206       |
|                                          |                                                                               | 07/17/2035 IPD16                                                                                        |                    |               |               |
|                                          | WELL FAR COML MTG TR SER 2024 1CHI<br>CL A FLTG RATE DTD 06/01/2024 DUE       |                                                                                                         | 170,000            | 167,328       | 170,400       |
|                                          | WELLS FARGO & CO FR VAR RATE DTD<br>02/11/2020 DUE                            | 02/11/2031 CALLABLE                                                                                     |                    |               |               |
|                                          | WINGSPIRE EQUIP FIN LLC SER 2024 1<br>CL A 2 4.99% DTD 08/28/2024 DUE         |                                                                                                         | 285,000            | 237,950       | 251,336       |
|                                          | XILINX INC SR GLBL NT 2.375% DTD<br>05/19/2020 DUE 06/01/2030                 |                                                                                                         | 135,000            | 134,985       | 135,215       |
|                                          |                                                                               | CALLABLE                                                                                                |                    |               |               |
|                                          |                                                                               |                                                                                                         | 280,000            | 287,070       | 246,784       |
| Total Corporate Bonds                    |                                                                               |                                                                                                         |                    | \$ 14,476,945 | \$ 13,539,300 |

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                       | (b)                                              | (c)                                          | (d)            | (e)            |  |
|---------------------------|--------------------------------------------------|----------------------------------------------|----------------|----------------|--|
|                           | Identity of Issuer, Borrower, Lessor, or Similar | Description of investment including maturity |                |                |  |
|                           | Party                                            | date, rate of interest, collateral, par, or  |                |                |  |
|                           |                                                  | maturity value                               | Cost           | Current Value  |  |
|                           |                                                  | Shares / Par                                 |                |                |  |
|                           | Description                                      | Value                                        |                |                |  |
| Common Collective Trusts: |                                                  |                                              |                |                |  |
|                           | S&P 500 FLAGSHIP NL FUND                         | 10                                           | \$ 30,697,251  | \$ 43,709,355  |  |
|                           | PIONEER MULTI-SECTOR FIXED INCOME TR             | 10                                           | 36,325,000     | 40,619,917     |  |
|                           | Total Common Collective Trusts                   |                                              | \$ 67,022,251  | \$ 84,329,272  |  |
| Pooled Separate Accounts: |                                                  |                                              |                |                |  |
|                           | PRISA II REAL ESTATE FUND                        | 1                                            | \$ 8,000,000   | \$ 9,642,133   |  |
|                           | Total Pooled Separate Accounts                   |                                              | \$ 8,000,000   | \$ 9,642,133   |  |
| Hedge Fund:               |                                                  |                                              |                |                |  |
|                           | ABS ALPHA LTD                                    | 10                                           | \$ 6,000,000   | \$ 10,852,438  |  |
|                           | Total Hedge Funds                                |                                              | \$ 6,000,000   | \$ 10,852,438  |  |
| Real Estate Fund:         |                                                  |                                              |                |                |  |
|                           | AMERICAN CORE REALTY FUND, LLC                   | 1                                            | \$ 6,500,000   | \$ 9,364,691   |  |
|                           | Total Real Estate Funds                          |                                              | \$ 6,500,000   | \$ 9,364,691   |  |
| Mutual Funds:             |                                                  |                                              |                |                |  |
|                           | EATON VANCE ATLANTA CAPITAL SMID-CAP             | 545,980                                      | \$ 13,856,473  | \$ 23,750,606  |  |
|                           | ARTISAN INTERNATIONAL VALUE FUND                 | 361,985                                      | 14,245,134     | 17,742,168     |  |
|                           | WCM FOCUSED INTERNATIONAL GROWTH                 | 630,063                                      | 13,675,881     | 15,336,658     |  |
|                           | Total Mutual Funds                               |                                              | \$ 41,777,488  | \$ 56,829,432  |  |
| Money Market Funds:       |                                                  |                                              |                |                |  |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 265,853                                      | \$ 1,652,799   | \$ 1,652,799   |  |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 1,383,633                                    | 839,194        | 839,194        |  |
|                           | GS FIN SQUARES GOV #465 (PRINCIPAL)              | 56,129                                       | 78,435         | 78,435         |  |
|                           | Total Money Market Funds                         |                                              | \$ 2,570,428   | \$ 2,570,428   |  |
|                           | Total All Investments                            |                                              | \$ 168,846,206 | \$ 208,634,012 |  |

\* Indicates a party-in-interest to the Plan.

**IBEW LOCAL 22/NECA PENSION, PLAN A**  
**EIN 47-6061061 PLAN 001**  
**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**DECEMBER 31, 2024**

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| <u>(a)</u> | <u>(b)</u><br><u>Description of Asset</u>    | <u>(c)</u><br><u>Purchase</u><br><u>Price</u> | <u>(d)</u><br><u>Selling Price</u> | <u>(g)</u><br><u>Cost of Asset</u> | <u>(h)</u><br><u>Current Value</u><br><u>of Asset on</u><br><u>Transaction</u><br><u>Date</u> | <u>(i)</u><br><u>Net or (Loss)</u> |
|------------|----------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------|
|            | Goldman Sachs Financial<br>Square Funds #465 | \$ -                                          | \$ 18,058,684                      | \$ 18,058,684                      | \$ 18,058,685                                                                                 | \$ -                               |
|            | Goldman Sachs Financial<br>Square Funds #465 | \$ 18,924,388                                 | \$ -                               | \$ 18,924,388                      | \$ 18,924,388                                                                                 | \$ -                               |
|            | Pioneer Multi-Sector Fixed<br>Income         | \$ 11,000,000                                 | \$ -                               | \$ 11,000,000                      | \$ 11,000,000                                                                                 | \$ -                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                                                                                                                                                        | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br/><br/>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110<br/><br/>2024<br/><br/>This Form is Open to Public Inspection</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| ▶ Round off amounts to nearest dollar.<br>▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| A Name of plan<br>IBEW Local Union No. 22-NECA Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 001                                                       |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Trustees of IBEW Local Union No. 22<br>NECA Pension                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>47-6061061                                       |
| E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| 1a Enter the valuation date: Month 1 Day 1 Year 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| b Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| (1) Current value of assets .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1b(1)                                                                                                                                                                                                                                                                                                                                                       | 188,592,044                                                                                |
| (2) Actuarial value of assets for funding standard account .....                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1b(2)                                                                                                                                                                                                                                                                                                                                                       | 196,300,762                                                                                |
| c (1) Accrued liability for plan using immediate gain methods .....                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1c(1)                                                                                                                                                                                                                                                                                                                                                       | 183,335,137                                                                                |
| (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)                                                                                                                                                                                                                                                                                                                                                       | 183,335,137                                                                                |
| 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)                                                                                                                                                                                                                                                                                                                                                    | 342,515,012                                                                                |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                           | 1d(2)(b)                                                                                                                                                                                                                                                                                                                                                    | 17,711,499                                                                                 |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                            | 1d(2)(c)                                                                                                                                                                                                                                                                                                                                                    | 8,702,191                                                                                  |
| (3) Expected plan disbursements for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1d(3)                                                                                                                                                                                                                                                                                                                                                       | 8,822,716                                                                                  |
| 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. |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| <div>SIGN HERE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div>Paul Wedding</div>                                                                                                                                                                                                                                                                                                                                     | <div>7/16/2025</div>                                                                       |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             | Date                                                                                       |
| Paul Wedding, ASA, EA, MAAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                             | 23-08071                                                                                   |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             | Most recent enrollment number                                                              |
| United Actuarial Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             | (317) 580-8670                                                                             |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             | Telephone number (including area code)                                                     |
| 11590 N. Meridian Street, Suite 610<br>Carmel IN 46032-4529                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| 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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 188,592,044                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 698                               | 99,896,473                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 445                               | 46,807,212                   |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 30,026,640                   |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 165,784,687                  |
| <b>(c)</b> Total active .....                                                                                                       | 1,513                             | 195,811,327                  |
| <b>(4)</b> Total .....                                                                                                              | 2,656                             | 342,515,012                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 55.06%                       |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 12/31/2024                                                                      | 9,759,087                         |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 9,759,087                         | <b>3(c)</b>                     |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |

**4** Information on plan status:

|                                                                                                                                                                                                                                     |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                    | <b>4a</b> | 107.1% |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                              | <b>4b</b> | N      |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                  |           |        |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |           |        |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                               | <b>4e</b> |        |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                                                                                | <b>4f</b> |        |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                                                                              |           |        |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                                                                               |           |        |
| • 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                                   | <b>6a</b>                                                                                        | 2.77 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                        | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 6.50 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 6.50%                                                                                                                                           |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 6.3%                                                                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 11.4%                                                                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 392,252                                                                                                                                         |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -207,923            | -20,764                        |
| 4                | -510,650            | -50,994                        |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                 | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)).....                                                                                                                                                                                                                   | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                          | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

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

|                                                                         |           |           |
|-------------------------------------------------------------------------|-----------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 7,379,711 |

**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 |           |
|--------------|---------------------|-----------|
| <b>9c(1)</b> | 44,415,187          | 6,916,135 |
| <b>9c(2)</b> | 0                   | 0         |
| <b>9c(3)</b> | 0                   | 0         |

**d** Interest as applicable on lines 9a, 9b, and 9c..... **9d** 929,231**e** Total charges. Add lines 9a through 9d..... **9e** 15,225,077**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 23,460,119**g** Employer contributions. Total from column (b) of line 3..... **9g** 9,759,087

|           | Outstanding balance |           |
|-----------|---------------------|-----------|
| <b>9h</b> | 33,920,693          | 5,024,139 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 2,168,647**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit .....

|              |             |   |
|--------------|-------------|---|
| <b>9j(1)</b> | 27,246,228  |   |
| <b>9j(2)</b> | 125,601,193 |   |
| <b>9j(3)</b> |             | 0 |

**k** (1) Waived funding deficiency .....

(2) Other credits .....

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 40,411,992**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**o** Current year's accumulated reconciliation account:

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

(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 .....

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

(3) Total as of valuation date .....

|                 |   |
|-----------------|---|
| <b>9o(1)</b>    | 0 |
| <b>9o(2)(a)</b> | 0 |
| <b>9o(2)(b)</b> | 0 |
| <b>9o(3)</b>    | 0 |
| <b>10</b>       | 0 |

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... ☒ Yes ☐ No

**IBEW LOCAL 22/NECA PENSION PLAN**  
**EIN: 47-6061061/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions differ from those valued the preceding year in the following respects:

- The benefit credit tiers were updated effective January 1, 2024 to include 1.25 years of credited service for 1,900 to 2,099 hours worked in a plan year and 1.50 years of credited service for 2,100 or more hours worked in a plan year.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

## ***PLAN HISTORY***

### ***Origins/Purpose***

The International Brotherhood of Electrical Workers Local 22/NECA Pension Plan A was established effective April 1, 1968 as a result of Collective Bargaining Agreements between the Omaha Division, Nebraska Chapter, of the National Electrical Contractors Association, Inc. and Local Union No. 22 of the International Brotherhood of Electrical Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on April 1, 1968.

### ***Employer Contributions***

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a partial listing of hourly pension contribution rates.

| <i>Date</i>   | <i>Hourly Contribution Rate</i> |
|---------------|---------------------------------|
| Before 6-1-94 | \$ 0.75                         |
| 6-1-94        | 1.00                            |
| 6-1-96        | 1.25                            |
| 6-1-97        | 1.35                            |
| 6-1-98        | 1.45                            |
| 6-1-99        | 1.55                            |
| 6-1-00        | 1.70                            |
| 6-1-02        | 2.00                            |
| 6-1-03        | 2.35                            |
| 6-1-04        | 2.50                            |
| 6-1-05        | 2.70                            |
| 6-5-06        | 2.85                            |
| 6-4-07        | 3.05                            |
| 6-1-08        | 3.15                            |
| 6-1-09        | 3.25                            |
| 5-29-11       | 3.35                            |
| 6-4-12        | 3.45                            |
| 6-1-17        | 3.52                            |
| 9-1-18        | 3.59                            |

**SUMMARY OF PLAN PROVISIONS**

| <b>Participation</b>             | January 1 of first plan year in which 300 or more hours are accumulated.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------|------|------------------|------|------------------|------|------------------|-----|----------------|-----|--------------|-----|---------------|------|
| <b>Year of credited service</b>  | According to the following schedule: <table> <tr> <th><u>Hours of Service</u></th><th><u>Year of Credited Service</u></th></tr> <tr> <td>2,100 or more</td><td>1.50</td></tr> <tr> <td>1,900 thru 2,099</td><td>1.25</td></tr> <tr> <td>1,500 thru 1,899</td><td>1.00</td></tr> <tr> <td>1,100 thru 1,499</td><td>.75</td></tr> <tr> <td>700 thru 1,099</td><td>.50</td></tr> <tr> <td>300 thru 699</td><td>.25</td></tr> <tr> <td>Less than 300</td><td>None</td></tr> </table>                                               | <u>Hours of Service</u> | <u>Year of Credited Service</u> | 2,100 or more | 1.50 | 1,900 thru 2,099 | 1.25 | 1,500 thru 1,899 | 1.00 | 1,100 thru 1,499 | .75 | 700 thru 1,099 | .50 | 300 thru 699 | .25 | Less than 300 | None |
| <u>Hours of Service</u>          | <u>Year of Credited Service</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 2,100 or more                    | 1.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 1,900 thru 2,099                 | 1.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 1,500 thru 1,899                 | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 1,100 thru 1,499                 | .75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 700 thru 1,099                   | .50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| 300 thru 699                     | .25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| Less than 300                    | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <b>Year of vesting service</b>   | Plan year with at least 300 hours.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <b>Reserve account</b>           | Excess of hours over 1,500 in a plan year up to maximum 700 total in account. Account used in subsequent plan year as needed to increase credited hours up to 1,500.                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <b>Break in service</b>          | Plan year with less than 300 hours.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <b>Normal retirement benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <i>Eligibility</i>               | Earlier of age 65 and 5 years of plan participation or age 62 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <i>Monthly amount</i>            | \$12.00 per year of credited service 1-1-62 thru 12-31-76, plus \$50.00 per year of credited service 1-1-77 thru 12-31-99, plus \$60.00 per year of credited service 1-1-00 thru 12-31-08, plus \$70.00 per year of credited service 1-1-09 through 12-31-11, plus \$80 per year of credited service 1-1-12 through 12-31-20, plus \$85 per year of credited service 1-1-2021, plus \$90 per year of credited service 1-1-2022 & after. Payable for life with unreduced 50% continuation to spouse, if married, minimum \$105. |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <b>Early retirement benefit</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <i>Eligibility</i>               | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |
| <i>Monthly amount</i>            | Normal reduced by 0.3% for each month prior to age 62. Payable in the same form as normal retirement.                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                 |               |      |                  |      |                  |      |                  |     |                |     |              |     |               |      |

### SUMMARY OF PLAN PROVISIONS (CONT.)

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pre-retirement benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Eligibility</i>            | Age 60 or 61 with 20 years of vesting service and participant agrees to retire at age 62.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <i>Monthly amount</i>         | <p>Sign a commitment prior to 60<sup>th</sup> and/or 61<sup>st</sup> birthday and receive \$3,000 for every month the participant agrees not to work. A participant must agree to be on pre-retirement for a total of 2, 3, 4, 5, or 6 consecutive months.</p> <p>or</p> <p>Sign a commitment prior to pre-retirement and receive \$3,000 for every month a participant agrees not to work. A participant must agree to be on pre-retirement for a total of 4, 6, 8, 10, or 12 consecutive months.</p> <p>Pre-retirement months all occur in the year before retirement or are evenly split over the two years before retirement. For purposes of crediting service, participant is credited for 140 hours for each month not worked under pre-retirement.</p> |
| <b>Disability benefit</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Eligibility</i>            | Under age 62, average of 750 hours per year during 5 years preceding disability, disabled for at least 180 days and unable to engage in substantial gainful employment because of disability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <i>Monthly amount</i>         | <p>\$458 per month. Not less than accrued benefit if participant is at least age 55 and 30 or more years of vesting service. Payable until age 62, recovery or death.</p> <p>Eligible for normal retirement benefit at age 62. Retirement benefit computed with credited service through normal retirement, unless accrued benefit paid in period of disability.</p>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Optional form</b>          | Joint & 75% survivor benefit, actuarially reduced (pop-up optional).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Vested benefit</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Eligibility</i>            | 5 years of service, termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <i>Monthly amount</i>         | 100% of normal. Payable in same form as normal retirement. Participant can elect early, if eligible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**SUMMARY OF PLAN PROVISIONS (CONT.)**

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**Pre-retirement death benefit**

*Eligibility*

Death of vested participant with surviving spouse.

*Monthly amount*

50% of participant's normal retirement benefit, minimum \$105. Payable to spouse over spouse's lifetime commencing at the participant's earliest retirement date.

**Lump sum death benefit**

*Eligibility*

Death of participant with no spouse or death of spouse subsequent to participant's death.

*Lump sum amount*

\$1,000 times years of credited service less any retirement benefits the participant and/or spouse might have received.

## ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

|                                                              |                                                                                                                                                                                        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>                                        | January 1, 2024                                                                                                                                                                        |
| <b>Interest rates</b>                                        |                                                                                                                                                                                        |
| <i>ERISA rate of return used to value liabilities</i>        | 6.50% per year net of investment expenses                                                                                                                                              |
| <i>Unfunded vested benefits</i>                              | 6.50% per year net of investment expenses                                                                                                                                              |
| <i>Current liability</i>                                     | 2.77% (in accordance with Section 431(c)(6) of the Internal Revenue Code)                                                                                                              |
| <b>Operational expenses</b>                                  |                                                                                                                                                                                        |
| <i>Funding</i>                                               | \$405,000 in the 2024 plan year excluding investment expenses, increasing by 2.5% per year.                                                                                            |
| <i>ASC 960</i>                                               | A 5.75% load was applied to the accrued liabilities for 2024 (5.75% in 2023).                                                                                                          |
| <b>Load for hours bank</b>                                   | Liabilities for active participants' benefits to be paid after retirement increased 1.0%.                                                                                              |
| <b>Load for inactive vested pre-retirement death benefit</b> | Liabilities for inactive vested participants are increased by 1.3%.                                                                                                                    |
| <b>Mortality</b>                                             |                                                                                                                                                                                        |
| <i>Assumed plan mortality</i>                                | 105% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.            |
| <i>Current liability</i>                                     | Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as required by Section 431(c)(6) of the Internal Revenue Code. |

**ACTUARIAL ASSUMPTIONS (CONT.)**

**Withdrawal**

Specimen rates shown below:

| <u>Age</u> | <u>Withdrawal<br/>Rate</u> |
|------------|----------------------------|
| 25         | .0529                      |
| 30         | .0507                      |
| 35         | .0470                      |
| 40         | .0419                      |
| 45         | .0354                      |
| 50         | .0248                      |
| 55         | .0094                      |
| 60         | .0009                      |

**Disability**

Specimen rates shown below:

| <u>Age</u> | <u>Disability<br/>Rate</u> |
|------------|----------------------------|
| 25         | .0005                      |
| 30         | .0006                      |
| 35         | .0008                      |
| 40         | .0011                      |
| 45         | .0018                      |
| 50         | .0031                      |
| 55         | .0051                      |
| 60         | .0082                      |

**Future retirement rates**  
*Active lives*

According to the following schedule:

| <u>Age</u> | <u>Retirement<br/>Rate</u> |
|------------|----------------------------|
| 55-58      | .01                        |
| 59-60      | .05                        |
| 61         | .30                        |
| 62         | .45                        |
| 63-69      | .30                        |
| 70+        | 1.00                       |

Resulting in an average expected retirement age of 63.0.

*Inactive vested lives*

Earliest eligible retirement age

### ACTUARIAL ASSUMPTIONS (CONT.)

|                                                                 |                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pre-retirement rates</b><br><i>Active lives</i>              | 85% of those retiring at age 62 assumed to elect pre-retirement. 100% of those electing pre-retirement choose the 12-month option.                                                                                                                   |
| <b>Timing of decrements</b>                                     | Beginning of year                                                                                                                                                                                                                                    |
| <b>Future hours worked and credits earned</b>                   | Based on individual's average hours worked over the preceding 3 plan years; 1,500 minimum for all new entrants and rehires. Participants age 70 or older are assumed to not work any hours. Future credits earned correspond to future hours worked. |
| <b>Future hourly contribution rate</b>                          | \$3.59 per hour                                                                                                                                                                                                                                      |
| <b>Marriage assumptions</b>                                     | 100% assumed married with the male spouse 3 years older than his wife                                                                                                                                                                                |
| <b>Optional form assumption</b>                                 | All non-retired participants assumed to elect the fully subsidized Joint and 50% form of benefit.                                                                                                                                                    |
| <b>Inactive vested lives over age 74</b>                        | Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2021 are still assumed to be deceased.                                      |
| <b>QDRO benefits</b>                                            | Benefits to alternate payee included with participant's benefit until payment commences                                                                                                                                                              |
| <b>Section 415 limit assumptions</b><br><i>Dollar limit</i>     | \$275,000 per year                                                                                                                                                                                                                                   |
| <i>Assumed form of payment for those limited by Section 415</i> | Qualified joint and 75% survivor annuity                                                                                                                                                                                                             |
| <b>Benefits not valued</b>                                      | Pre-retirement death benefits following withdrawal or disability for active participants.                                                                                                                                                            |

### ***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS***

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used  
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 6.50%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

**Mortality**  
*Assumed plan mortality*

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 105% multiplier for females was applied in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from January 1, 2019 to December 31, 2023 for this plan, blended with a study of deaths for larger plans in similar industries. Based on information from the CDC on COVID-19 deaths through June 7, 2023, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)***

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|                            |                                                                                                                                                                                              |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirement</b>          | Actual rates of retirement by age were studied for the period January 1, 2018 to December 31, 2022. The assumed future rates of retirement were selected based on the results of this study. |
| <b>Withdrawal</b>          | Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2018 to December 31, 2022. No adjustments were deemed necessary at this time.                    |
| <b>Future hours worked</b> | Based on review of recent plan experience.                                                                                                                                                   |

**ACTUARIAL METHODS**

|                                                         |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding method</b><br><i>ERISA Funding</i>           | Traditional unit credit cost method, effective January 1, 2022                                                                                                                                                                                    |
| <i>Funding period</i>                                   | Individual entry age normal with costs spread as a level dollar amount over service                                                                                                                                                               |
| <b>Population valued</b><br><i>Actives</i>              | Eligible employees with at least 300 hours during the preceding plan year.                                                                                                                                                                        |
| <i>Inactive vested</i>                                  | Vested participants with less than 300 hours during the preceding plan year.                                                                                                                                                                      |
| <i>Retirees</i>                                         | Participants and beneficiaries in pay status as of the valuation date.                                                                                                                                                                            |
| <b>Asset valuation method</b><br><i>Actuarial value</i> | Smoothed Market Value without phase in effective January 1, 2002. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value can be no less than 80% nor more than 120% of the market value as of the determination date. |
| <i>Unfunded vested benefits</i>                         | For the presumptive method, actuarial value, as described above, is used                                                                                                                                                                          |

*Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments*  
*IBEW Local 22/NECA Pension Plan A EIN: 47-6061061/PN: 001*  
*January 1, 2024*

| Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments |                     |                                |                                                           |              |
|-------------------------------------------------------------------------------|---------------------|--------------------------------|-----------------------------------------------------------|--------------|
| Plan Year Beginning                                                           | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total        |
| 2024                                                                          | \$ 740,180          | \$ 1,069,538                   | \$ 7,012,998                                              | \$ 8,822,716 |
| 2025                                                                          | 1,404,013           | 1,092,281                      | 6,853,700                                                 | 9,349,994    |
| 2026                                                                          | 1,887,318           | 1,188,233                      | 6,720,137                                                 | 9,795,688    |
| 2027                                                                          | 2,233,526           | 1,265,076                      | 6,564,572                                                 | 10,063,174   |
| 2028                                                                          | 2,744,152           | 1,375,612                      | 6,400,291                                                 | 10,520,055   |
| 2029                                                                          | 3,161,481           | 1,454,224                      | 6,219,183                                                 | 10,834,888   |
| 2030                                                                          | 3,674,782           | 1,570,906                      | 6,032,470                                                 | 11,278,158   |
| 2031                                                                          | 4,008,622           | 1,618,918                      | 5,887,245                                                 | 11,514,785   |
| 2032                                                                          | 4,428,877           | 1,684,693                      | 5,703,509                                                 | 11,817,079   |
| 2033                                                                          | 4,839,981           | 1,762,211                      | 5,499,569                                                 | 12,101,761   |
| 2034                                                                          | 5,301,957           | 1,796,785                      | 5,290,170                                                 | 12,388,912   |
| 2035                                                                          | 5,677,185           | 1,882,214                      | 5,075,402                                                 | 12,634,801   |
| 2036                                                                          | 6,295,953           | 1,937,006                      | 4,855,401                                                 | 13,088,360   |
| 2037                                                                          | 6,718,530           | 1,978,898                      | 4,630,367                                                 | 13,327,795   |
| 2038                                                                          | 7,195,643           | 2,038,544                      | 4,411,721                                                 | 13,645,908   |
| 2039                                                                          | 7,681,331           | 2,085,271                      | 4,177,481                                                 | 13,944,083   |
| 2040                                                                          | 8,067,521           | 2,103,435                      | 3,939,471                                                 | 14,110,427   |
| 2041                                                                          | 8,489,103           | 2,146,615                      | 3,698,462                                                 | 14,334,180   |
| 2042                                                                          | 8,922,216           | 2,170,450                      | 3,455,376                                                 | 14,548,042   |
| 2043                                                                          | 9,320,322           | 2,182,777                      | 3,211,282                                                 | 14,714,381   |
| 2044                                                                          | 9,643,640           | 2,177,632                      | 2,967,408                                                 | 14,788,680   |
| 2045                                                                          | 9,979,437           | 2,166,584                      | 2,725,187                                                 | 14,871,208   |
| 2046                                                                          | 10,298,287          | 2,168,806                      | 2,486,245                                                 | 14,953,338   |
| 2047                                                                          | 10,494,029          | 2,156,040                      | 2,252,351                                                 | 14,902,420   |
| 2048                                                                          | 10,666,628          | 2,130,393                      | 2,025,385                                                 | 14,822,406   |
| 2049                                                                          | 10,833,603          | 2,130,635                      | 1,807,218                                                 | 14,771,456   |
| 2050                                                                          | 10,995,457          | 2,088,631                      | 1,599,604                                                 | 14,683,692   |
| 2051                                                                          | 10,940,812          | 2,051,941                      | 1,404,091                                                 | 14,396,844   |
| 2052                                                                          | 10,996,382          | 2,009,234                      | 1,221,982                                                 | 14,227,598   |
| 2053                                                                          | 10,925,689          | 1,944,632                      | 1,054,286                                                 | 13,924,607   |
| 2054                                                                          | 10,816,541          | 1,887,192                      | 901,711                                                   | 13,605,444   |
| 2055                                                                          | 10,729,022          | 1,825,602                      | 764,611                                                   | 13,319,235   |
| 2056                                                                          | 10,518,040          | 1,754,131                      | 642,951                                                   | 12,915,122   |
| 2057                                                                          | 10,328,290          | 1,690,755                      | 536,349                                                   | 12,555,394   |
| 2058                                                                          | 10,099,067          | 1,621,691                      | 444,085                                                   | 12,164,843   |
| 2059                                                                          | 9,828,488           | 1,554,214                      | 365,181                                                   | 11,747,883   |
| 2060                                                                          | 9,575,079           | 1,482,881                      | 298,466                                                   | 11,356,426   |
| 2061                                                                          | 9,270,348           | 1,401,991                      | 242,668                                                   | 10,915,007   |
| 2062                                                                          | 8,966,567           | 1,326,279                      | 196,480                                                   | 10,489,326   |
| 2063                                                                          | 8,644,947           | 1,246,237                      | 158,605                                                   | 10,049,789   |
| 2064                                                                          | 8,296,535           | 1,167,006                      | 127,811                                                   | 9,591,352    |
| 2065                                                                          | 7,955,481           | 1,088,944                      | 102,944                                                   | 9,147,369    |
| 2066                                                                          | 7,587,318           | 1,012,289                      | 82,967                                                    | 8,682,574    |
| 2067                                                                          | 7,212,373           | 937,300                        | 66,971                                                    | 8,216,644    |
| 2068                                                                          | 6,850,017           | 864,233                        | 54,179                                                    | 7,768,429    |
| 2069                                                                          | 6,487,448           | 793,345                        | 43,941                                                    | 7,324,734    |
| 2070                                                                          | 6,125,870           | 724,877                        | 35,727                                                    | 6,886,474    |
| 2071                                                                          | 5,766,442           | 659,051                        | 29,107                                                    | 6,454,600    |
| 2072                                                                          | 5,410,269           | 596,093                        | 23,741                                                    | 6,030,103    |
| 2073                                                                          | 5,058,565           | 536,196                        | 19,364                                                    | 5,614,125    |

[illegible]

*Schedule MB, Line 8b(3) - Schedule of Employer Contributions and Withdrawal Liability Payments*  
*IBEW Local 22/NECA Pension Plan EIN: 47-6061061/PN: 001*  
*January 1, 2024*

| Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments |                        |                               |              |
|--------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|--------------|
| Plan Year Beginning                                                                                          | Employer Contributions | Withdrawal Liability Payments | Total        |
| 2024                                                                                                         | \$ 6,462,001           | \$ 0                          | \$ 6,462,001 |
| 2025                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2026                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2027                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2028                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2029                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2030                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2031                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2032                                                                                                         | 6,462,001              | 0                             | 6,462,001    |
| 2033                                                                                                         | 6,462,001              | 0                             | 6,462,001    |

**IBEW Local 22/NECA Pension Plan A**  
**EIN: 47-6061061/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

| Date<br>Established | Source of Change in<br>Unfunded Liability | Original<br>Amount | Original<br>Period | Remaining Period |        | 1/1/2024<br>Outstanding<br>Balance | 1/1/2024<br>Amortization<br>Payment |
|---------------------|-------------------------------------------|--------------------|--------------------|------------------|--------|------------------------------------|-------------------------------------|
|                     |                                           |                    |                    | Years            | Months |                                    |                                     |
| Charges             |                                           |                    |                    |                  |        |                                    |                                     |
| 1/1/1995            | Amendment                                 | 150,662            | 30                 | 1                | 0      | 11,347                             | 11,347                              |
| 1/1/1997            | Amendment                                 | 5,266,908          | 30                 | 3                | 0      | 1,113,751                          | 394,860                             |
| 1/1/1998            | Amendment                                 | 280,571            | 30                 | 4                | 0      | 76,572                             | 20,988                              |
| 1/1/1999            | Amendment                                 | 6,193,135          | 30                 | 5                | 0      | 2,045,871                          | 462,261                             |
| 1/1/2000            | Amendment                                 | 2,173,593          | 30                 | 6                | 0      | 834,684                            | 161,896                             |
| 1/1/2002            | Assumptions                               | 3,600,489          | 30                 | 8                | 0      | 1,731,920                          | 267,085                             |
| 1/1/2004            | Amendment                                 | 948,501            | 30                 | 10               | 0      | 536,619                            | 70,090                              |
| 1/1/2005            | Assumptions                               | 1,670,337          | 30                 | 11               | 0      | 1,008,402                          | 123,143                             |
| 1/1/2006            | Amendment                                 | 703,172            | 30                 | 12               | 0      | 449,442                            | 51,725                              |
| 1/1/2007            | Amendment                                 | 613,251            | 30                 | 13               | 0      | 412,255                            | 45,012                              |
| 1/1/2010            | Experience                                | 726,638            | 15                 | 1                | 0      | 74,246                             | 74,246                              |
| 1/1/2011            | Assumptions                               | 169,236            | 15                 | 2                | 0      | 33,429                             | 17,241                              |
| 1/1/2011            | Experience                                | 1,393,820          | 15                 | 2                | 0      | 275,327                            | 141,998                             |
| 1/1/2012            | Assumptions                               | 2,737,477          | 15                 | 3                | 0      | 784,360                            | 278,081                             |
| 1/1/2012            | Experience                                | 2,781,825          | 15                 | 3                | 0      | 797,068                            | 282,585                             |
| 1/1/2013            | Assumptions                               | 3,500              | 15                 | 4                | 0      | 1,293                              | 355                                 |
| 1/1/2013            | Experience                                | 3,474,874          | 15                 | 4                | 0      | 1,284,245                          | 351,996                             |
| 1/1/2014            | Experience                                | 567,617            | 15                 | 5                | 0      | 253,780                            | 57,341                              |
| 1/1/2016            | Assumptions                               | 2,084,184          | 15                 | 7                | 0      | 1,223,349                          | 209,441                             |
| 1/1/2016            | Experience                                | 1,863,606          | 15                 | 7                | 0      | 1,093,878                          | 187,276                             |
| 1/1/2017            | Amendment                                 | 2,896,683          | 15                 | 8                | 0      | 1,883,698                          | 290,491                             |
| 1/1/2017            | Assumption                                | 323,968            | 15                 | 8                | 0      | 210,673                            | 32,489                              |
| 1/1/2018            | Assumptions                               | 4,178,889          | 15                 | 9                | 0      | 2,965,696                          | 418,367                             |
| 1/1/2018            | Experience Loss                           | 579,646            | 15                 | 9                | 0      | 411,365                            | 58,031                              |
| 1/1/2019            | Amendment                                 | 2,067,803          | 15                 | 10               | 0      | 1,583,571                          | 206,838                             |
| 1/1/2019            | Experience Loss                           | 4,904,068          | 15                 | 10               | 0      | 3,755,653                          | 490,543                             |
| 1/1/2020            | Experience Loss                           | 3,483,843          | 15                 | 11               | 0      | 2,851,250                          | 348,188                             |
| 1/1/2021            | Amendment                                 | 3,067,206          | 15                 | 12               | 0      | 2,661,424                          | 306,297                             |
| 1/1/2021            | Assumptions                               | 7,589,535          | 15                 | 12               | 0      | 6,585,465                          | 757,904                             |
| 1/1/2022            | Ammendment                                | 3,071,881          | 15                 | 13               | 0      | 2,809,562                          | 306,763                             |
| 1/1/2022            | Assumptions                               | 1,383,702          | 15                 | 13               | 0      | 1,265,542                          | 138,179                             |
| 1/1/2023            | Assumptions                               | 1,163,985          | 15                 | 14               | 0      | 1,115,851                          | 116,238                             |
| 1/1/2023            | Experience                                | 2,371,675          | 15                 | 14               | 0      | 2,273,599                          | 236,840                             |

**IBEW Local 22/NECA Pension Plan A**  
**EIN: 47-6061061/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

| Date<br>Established | Source of Change in<br>Unfunded Liability | Original<br>Amount | Original<br>Period | Remaining Period |        | 1/1/2024<br>Outstanding<br>Balance | 1/1/2024<br>Amortization<br>Payment |
|---------------------|-------------------------------------------|--------------------|--------------------|------------------|--------|------------------------------------|-------------------------------------|
|                     |                                           |                    |                    | Years            | Months |                                    |                                     |

**Total Charges: 44,415,187 6,916,135**

**Credits**

|          |                 |            |    |    |   |            |           |
|----------|-----------------|------------|----|----|---|------------|-----------|
| 1/1/2010 | Assumptions     | 1,675,675  | 15 | 1  | 0 | 171,219    | 171,219   |
| 1/1/2014 | Amendment       | 633,515    | 15 | 5  | 0 | 283,243    | 63,998    |
| 1/1/2015 | Experience      | 3,683,759  | 15 | 6  | 0 | 1,913,506  | 371,145   |
| 1/1/2017 | Experience      | 958,074    | 15 | 8  | 0 | 623,029    | 96,080    |
| 1/1/2019 | Assumptions     | 406,939    | 15 | 10 | 0 | 311,642    | 40,705    |
| 1/1/2020 | Assumptions     | 1,442,229  | 15 | 11 | 0 | 1,180,352  | 144,141   |
| 1/1/2021 | Experience      | 2,772,109  | 15 | 12 | 0 | 2,405,366  | 276,828   |
| 1/1/2022 | Experience      | 6,548,142  | 15 | 13 | 0 | 5,988,973  | 653,909   |
| 1/1/2022 | Method          | 23,996,953 | 10 | 8  | 0 | 20,324,790 | 3,134,356 |
| 1/1/2024 | Assumptions     | 510,650    | 15 | 15 | 0 | 510,650    | 50,994    |
| 1/1/2024 | Experience Gain | 207,923    | 15 | 15 | 0 | 207,923    | 20,764    |

**Total Credits: 33,920,693 5,024,139**

**Net Charges: 10,494,494 1,891,996**

**Less Credit Balance: 23,460,119**

**Less Reconciliation Balance: 0**

**Unfunded Actuarial Liability: -12,965,625**

**IBEW LOCAL 22/NECA PENSION PLAN**  
**EIN: 47-6061061/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 11**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were adjusted from 100% to 105% for females. The assumed mortality adjustment for males remains at 105%. Neither the base mortality table nor the mortality projection scale were changed. These percent adjustments incorporate credible plan experience into expected mortality.
- The assumed operational expenses were increased from \$394,625 to \$405,000 for the 2023-24 plan year with a 2.5% annual increase to reflect our best estimate of future expenses based on recent plan experience and expected inflationary increases.
- The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

**Federal Statements****IBEW Local Union No. 22/NECA Defined Benefit  
Plan: 001****General Footnote****Description**

NOTE #1 - SCH. H, ITEMS 3A, 4I AND 4J

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The independent accountants' report requested in Sch. H, Part III, Item 3a of Form 5500, the schedules of assets held for investment purposes and the schedule of reportable transactions requested in Items 4i and 4j of Form 5500 are all included in the attached audited financial statements and supplementary data.

Full actuary schedules are also included as attachments.