

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN</u></p> <p><u>7180 KOLL CENTER PKWY STE 200</u> <u>PLEASANTON, CA 94566</u></p>	<p>1c Effective date of plan <u>12/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>94-6125583</u></p> <p>2c Plan Sponsor's telephone number <u>925-208-9999</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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.	10/09/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3295
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1612
	6a(2)	1599
	6b	280
	6c	1321
	6d	3200
	6e	23
	6f	3223
	6g(1)	3265
6g(2)	3199	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	192

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE	D Employer Identification Number (EIN) 94-6125583	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

INVESCO TRUST COMPANY

46-3793325

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

THE VANGUARD GROUP, INC.

23-1945930

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

(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

(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

(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

(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

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

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

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

FIDELITY INV INST OPERATIONS CO INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	NONE	157947	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	238180	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)

LEONARD CARDER, LLP

94-2819269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	48074	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45220	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)

INVESTMENT PERFORMANCE SRVCS, LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	56000	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)

SAN JOAQUIN & CALAVERAS CNTYS JATC

94-6411032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10799	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)

DODGE AND COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	585059	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)

STEPHEN HORN INSURANCE SERVICES

94-3249244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18007	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ELECTRICAL INDUSTRY SERVICE CORP

94-3053367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	RELATED ORGANIZATION	163127	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	25585	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE</u>	D Employer Identification Number (EIN) <u>94-6125583</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>93-6223188-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20807978</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE INC COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-074</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10474543</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DT 2010 COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9621662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DT 2015 COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-077</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19566437</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DT 2020 COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-078</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22297573</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DT 2025 COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-079</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36672644</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DT 2030 COM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-080</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36214540</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2035 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-081	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34659961
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2040 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30385667
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2045 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-083	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23769722
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2050 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14151575
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2055 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-112	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5009886
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2060 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1481252
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2065 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302733
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DT 2070 COM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-219	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2784
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)

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE	D Employer Identification Number (EIN) 94-6125583

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	145519	1285468
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1817590	1785889
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1646392	1283167
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	172753	101980
(2) U.S. Government securities	1c(2)	74483919	45237662
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	75672285	48008246
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	179925372	104909475
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3715234	3656694
(9) Value of interest in common/collective trusts	1c(9)	122322895	265418957
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	62094217	74574788
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1639553	396984

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	94415	104817
f Total assets (add all amounts in lines 1a through 1e).....	1f	523730144	546764127
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	459197	435479
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	459197	435479
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	523270947	546328648

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	14524931	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	30000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		14554931
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	2594915	
(C) Corporate debt instruments.....	2b(1)(C)	3018870	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	263466	
(F) Other.....	2b(1)(F)	392634	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		6269885
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3512078	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1559059	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		5071137
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	230438359	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	213209699	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		17228660
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-898782	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-898782

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13444129
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13929284
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		69599244

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44507489	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		44507489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		570707
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	238180	
(3) Recordkeeping fees	2i(3)	157947	
(4) IQPA audit fees	2i(4)	45220	
(5) Investment advisory and investment management fees	2i(5)	641058	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	25585	
(8) Legal fees	2i(8)	48074	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	11788	
(11) Other expenses	2i(11)	295495	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1463347
j Total expenses. Add all expense amounts in column (b) and enter total	2j		46541543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23057701
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE	D Employer Identification Number (EIN) 94-6125583	

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): EIN(s): <u>38-2383171</u>		
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	133

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	14524931
b Enter the amount contributed by the employer to the plan for this plan year	6b	14524931
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
IBEW Local 595 Money Purchase Pension Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Opinion

We have audited the accompanying financial statements of IBEW Local 595 Money Purchase Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

October 6, 2025

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2024	December 31, 2023
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Common Stock	\$ 104,909,475	\$ 179,925,372
Corporate Debt Securities	48,008,246	75,672,285
Government Debt Securities	45,634,646	76,123,472
Mutual Funds	74,574,788	62,094,217
Common/Collective Trusts	265,418,957	122,322,895
	\$ 538,546,112	\$ 516,138,241
CASH	1,387,448	318,272
TOTAL CASH AND INVESTMENTS	539,933,560	516,456,513
RECEIVABLES		
Employer Contributions, Net	1,785,889	1,817,590
Investment Income	1,282,687	1,768,252
Receivable for Investments Sold, Net	394	-
Other	86	86
Notes Receivable from Participants	3,656,694	3,715,234
TOTAL RECEIVABLES	6,725,750	7,301,162
PREPAID EXPENSES	104,817	94,415
TOTAL ASSETS	546,764,127	523,852,090
LIABILITIES		
Accrued Expenses	435,479	458,897
Payable for Investments Purchased, Net	-	121,946
Due to Service Corporation	-	300
TOTAL LIABILITIES	435,479	581,143
NET ASSETS AVAILABLE FOR BENEFITS	\$ 546,328,648	\$ 523,270,947

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividends	\$ 11,077,556	\$ 10,829,644
Net Appreciation of Investments	43,703,291	53,044,086
Less: Investment Expenses	<u>(641,058)</u>	<u>(602,405)</u>
NET INVESTMENT INCOME	\$ 54,139,789	\$ 63,271,325
CONTRIBUTIONS AND OTHER ADDITIONS		
Employer Contributions	14,524,931	14,527,385
Rollovers	30,000	95,103
Interest on Notes Receivable from Participants	<u>263,466</u>	<u>192,754</u>
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	<u>14,818,397</u>	<u>14,815,242</u>
TOTAL ADDITIONS	<u>68,958,186</u>	<u>78,086,567</u>
DEDUCTIONS		
BENEFITS	45,078,196	25,211,398
EXPENSES		
Administration Fees	238,180	226,576
Administration - Stockton	10,799	13,546
Recordkeeping Fees	157,947	193,340
Printing and Postage	9,795	8,207
Insurance	103,846	108,181
Rent	1,380	1,265
Bank Fees	-	300
Conferences and Meetings	11,788	5,454
Audit Fees	45,220	44,263
Legal Fees	48,074	40,800
Consultant Fees	25,585	7,656
Collection Fees - Service Corporation	163,127	160,533
Miscellaneous	<u>6,548</u>	<u>6,374</u>
TOTAL EXPENSES	<u>822,289</u>	<u>816,495</u>
TOTAL DEDUCTIONS	<u>45,900,485</u>	<u>26,027,893</u>
NET INCREASE FOR THE YEAR	23,057,701	52,058,674
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year	<u>523,270,947</u>	<u>471,212,273</u>
Balance, End of Year	<u>\$ 546,328,648</u>	<u>\$ 523,270,947</u>

(Attached notes are an integral part of this statement)

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The IBEW Local 595 Money Purchase Pension Plan (the "Plan") was organized on December 1, 1980, as provided by the collective bargaining agreement between the Northern California Chapter, Alameda County Branch and Stockton Branch of the National Electrical Contractors Association and Local Union No. 595 of the International Brotherhood of Electrical Workers.

The Plan is a defined contribution multiemployer money purchase pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

B. Estimates

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

C. Employer Contributions

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

D. Employer Payroll Examination Program

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

E. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received its latest determination of tax-exempt status on August 2, 2012. The Plan has been amended since receiving the determination letter. The plan administrator and the plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Notes Receivable from Participants

The Plan allows participants to borrow not less than \$2,500 up to the lesser of \$50,000 or 50% of their vested account balance. Loans taken prior to January 1, 2016 are secured by the participant's vested account balance. For loans taken on or after January 1, 2016, the individual participant account will be reduced by the amount of the loan. Loans bear interest at available market financing rates and must be repaid to the Plan in five years unless the loan is used for the purchase of a principal residence, in which case the maximum repayment period is 10 years. The plan administrator establishes the specific terms and conditions of loans to participants. Notes receivable from participants at December 31, 2024 and 2023 carry interest rates from 4.25% to 9.50%.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based on terms of the Plan document.

A note will be in default if any required payment on the note is not received by the last day of the calendar quarter following the calendar quarter in which the required installment payment was due.

G. Risks and Uncertainties

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

H. Vesting

Participants are immediately 100% vested in their entire account balance.

I. Administration

Fidelity Investments Inc. is the recordkeeper of the Plan. Participant accounts are valued at the end of each business day and participants select from the investment options made available to them. Fidelity charges an annual recordkeeping fee of \$53 per participant effective July 2023 billed quarterly, in addition to other loan and withdrawal fees.

J. Benefits

Payments of benefits are authorized when a participant (a) retires, (b) dies, (c) suffers from a financial hardship, or (d) becomes disabled.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The 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 used need to maximize the use of 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. Mutual funds, common stock, and U.S. Treasury securities are valued at the closing price reported on the active market on which the securities are traded. Level 2 investments consists of government and corporate debt securities that are valued using matrices of trades in similar securities or third-party pricing vendors. Common/collective trusts are valued at net asset value (NAV).

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

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Common Stock	\$ 104,909,475	\$ -	\$ -	\$ 104,909,475
Corporate Debt Securities	-	48,008,246	-	48,008,246
Government Debt Securities	12,464,130	33,170,516	-	45,634,646
Mutual Funds	74,574,788	-	-	74,574,788
Total Assets in the Fair Value Hierarchy	<u>\$ 191,948,393</u>	<u>\$ 81,178,762</u>	<u>\$ -</u>	273,127,155
Investments Measured at Net Asset Value ^A				265,418,957
				<u>\$ 538,546,112</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 179,925,372	\$ -	\$ -	\$ 179,925,372
Corporate Debt Securities	-	75,672,285	-	75,672,285
Government Debt Securities	15,679,719	60,443,753	-	76,123,472
Mutual Funds	62,094,217	-	-	62,094,217
Total Assets in the Fair Value Hierarchy	<u>\$ 257,699,308</u>	<u>\$ 136,116,038</u>	<u>\$ -</u>	393,815,346
Investments Measured at Net Asset Value ^A				<u>122,322,895</u>
				<u>\$ 516,138,241</u>

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

The following tables present the fair value, unfunded commitments, and information about redemptions for those investments where the fair value is determined by the NAV per share or its equivalent as of December 31, 2024 and 2023.

	December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
IBEW-NECA Stable Value Trust ¹	\$ 20,807,978	\$ 25,542,745	None	Daily	24 Months
FIAM Index Target Date Income Commingled Pool ²	10,474,543	732,900	None	Daily	Daily
FIAM Index Target Date 2005 Commingled Pool ³	-	177,941	None	Daily	Daily
FIAM Index Target Date 2010 Commingled Pool ³	9,621,662	284,890	None	Daily	Daily
FIAM Index Target Date 2015 Commingled Pool ³	19,566,437	2,035,637	None	Daily	Daily
FIAM Index Target Date 2020 Commingled Pool ³	22,297,573	6,049,167	None	Daily	Daily
FIAM Index Target Date 2025 Commingled Pool ³	36,672,644	13,242,401	None	Daily	Daily
FIAM Index Target Date 2030 Commingled Pool ³	36,214,540	14,086,488	None	Daily	Daily
FIAM Index Target Date 2035 Commingled Pool ³	34,659,961	17,716,728	None	Daily	Daily
FIAM Index Target Date 2040 Commingled Pool ³	30,385,667	14,885,608	None	Daily	Daily
FIAM Index Target Date 2045 Commingled Pool ³	23,769,722	13,925,523	None	Daily	Daily
FIAM Index Target Date 2050 Commingled Pool ³	14,151,575	8,976,609	None	Daily	Daily
FIAM Index Target Date 2055 Commingled Pool ³	5,009,886	3,552,429	None	Daily	Daily
FIAM Index Target Date 2060 Commingled Pool ³	1,481,252	1,040,862	None	Daily	Daily
FIAM Index Target Date 2065 Commingled Pool ³	302,733	72,967	None	Daily	Daily
FIAM Index Target Date 2070 Commingled Pool ³	2,784	-	None	Daily	Daily
Totals	<u>\$ 265,418,957</u>	<u>\$ 122,322,895</u>			

¹ This investment seeks the preservation of principal and provides interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity.

² This investment seeks high total current income and, as a secondary objective, capital appreciation.

³ This investment seeks active return until the target retirement date; thereafter, the objective is capital preservation.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' carry values for financial statement purposes.

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The Plan did not have any transfers into or out of Levels 1, 2 or 3 for the years ended December 31, 2024 and 2023.

NOTE 4 - FUNDING POLICY

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

NOTE 5 - PLAN TERMINATION

Upon termination of the Plan, per the Agreement and Declaration of the Trust, any and all monies remaining in the Trust after payment of all expenses and obligations of the Plan shall be distributed among the participants.

NOTE 6 - RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

Certain investments held by the Plan are issued and managed by Fidelity Investments, Inc. or its affiliates. Any purchases and sales of such investments are performed in the open market at fair value. Transactions related to these investments qualify as party-in-interest transactions; however, they are exempt from the prohibition under ERISA.

The Plan shares common expenses with four related entities (IBEW Local 595 Health and Welfare Trust, IBEW Local 595 Pension Plan ("Pension Plan"), IBEW Local 595 Vacation Trust and Electrical Industry Service Corporation ("Service Corporation"). Each entity pays its direct costs and an allocated percentage of common expenses.

The Service Corporation serves as the custodial agent for the collection and disbursement of the regular monthly employer contributions under the collective bargaining agreement. The Service Corporation also monitors and pursues collection of delinquent contributions from employers. To maintain the operations of the Service Corporation, the Plan contributed to the Service Corporation \$0.06 per reported hour. Bank fees owed to the Service Corporation as of December 31, 2023 was \$300. No bank fees were owed as of December 31, 2024.

NOTE 7 - PENSION ENHANCEMENT OPTION

A Plan participant who is also a participant in the Pension Plan may make a one-time, irrevocable rollover of a lump sum from his/her account balance to the Pension Plan. Eligible participants are those who have elected to receive early or normal retirement benefits, but not participants applying for disability retirement. There were no amounts transferred for the years ended December 31, 2024 and 2023.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 6, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4
E.I.N. 94-6125583; PLAN NO. 002

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
IBEW Local 595 Money Purchase Pension Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

October 6, 2025

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u>	Fair Value
118,819	AEGON LTD (NY REGD) NEW YORK REGISTERED	\$ 699,844
4,800	AIR PRODUCTS & CHEMICALS INC	1,392,192
2,100	ALNYLAM PHARMACEUTICALS INC	494,151
9,100	ALPHABET INC CL A	1,722,630
9,200	ALPHABET INC CL C	1,752,048
10,900	AMAZON.COM INC	2,391,351
7,100	AMERICAN ELECTRIC POWER CO INC	654,833
28,200	ANHEUSER-BUSCH INBEV SPN ADR	1,411,974
63,100	AVANTOR INC	1,329,517
31,700	BAKER HUGHES CO	1,300,334
21,200	BANK OF AMERICA CORPORATION	931,740
29,600	BANK OF NEW YORK MELLON CORP	2,274,168
32,500	BAXTER INTL INC	947,700
8,424	BIOMARIN PHARMACEUTICAL INC	553,710
4,727	BRIGHTHOUSE FINANCIAL INC	227,085
10,600	BRISTOL-MYERS SQUIBB CO	599,536
11,655	CAPITAL ONE FINANCIAL CORP	2,078,320
10,100	CARRIER GLOBAL CORP	689,426
8,900	CELANESE CORP	615,969
7,125	CHARTER COMMUNICATIONS INC A	2,442,236
5,650	CIGNA GROUP	1,560,191
9,200	CITIGROUP CAP XIII	275,724
17,000	CISCO SYSTEMS INC	1,006,400
13,600	COGNIZANT TECH SOLUTIONS CL A	1,045,840
5,400	COHERENT CORP	511,542
47,800	COMCAST CORP CL A	1,793,934
8,014	CONOCOPHILLIPS	794,748
42,700	CVS HEALTH CORP	1,916,803
15,300	DOMINION ENERGY INC	824,058
9,384	ECHOSTAR CORP CL A	214,894
53,600	ELANCO ANIMAL HEALTH INC	649,096
8,700	FEDEX CORP	2,447,571
21,700	FIDELITY NATL INFORM SVCS INC	1,752,709
20,300	FISERV INC	4,170,026
5,900	FORTIVE CORP	442,500
15,533	FOX CORP CL A	754,593
7,466	FOX CORPORATION B	341,495
8,917	GAMING AND LEISURE PROPRTI INC	429,443
21,500	GAP INC	508,045
10,100	GE AEROSPACE	1,684,579
10,100	GE HEALTHCARE TECHNOLOGIES INC	789,618
23,200	GILEAD SCIENCES INC	2,142,984
2,650	GOLDMAN SACHS GROUP INC	1,517,443
47,700	GSK PLC SPONS ADR	1,613,214
123,789	HALEON PLC SPONS ADR	1,180,947
16,100	HONDA MOTOR LTD SPON ADR	459,655
23,200	HP INC	757,016
6,300	HUMANA INC	1,598,373
9,700	INCYTE CORP	669,979
	<u>Forward</u>	\$ 58,362,184

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stock (Continued)</u>	<u>Fair Value</u>
	<u>Forwarded</u>	\$ 58,362,184
14,800	INTERNATIONAL FLAVORS & FRAGRA	1,251,340
43,600	JOHNSON CONTROLS INTERNATIONAL PLC	3,441,348
900	LPL FINL HLDGS INC	293,859
10,300	LYONDELLBASELL INDS CLASS A	764,981
4,800	MEDTRONIC PLC	383,424
2,400	META PLATFORMS INC CL A	1,405,224
37,300	METLIFE INC	3,054,124
5,500	MICROSOFT CORP	2,318,250
10,600	MOLSON COORS BEVERAGE CO B	607,592
2,400	NEUROCRINE BIOSCIENCES INC	327,600
7,900	NEWS CORP NEW CL A	217,566
7,900	NORFOLK SOUTHERN CORP	1,854,130
8,800	NOVARTIS AG SPON ADR	856,328
44,200	OCCIDENTAL PETROLEUM CORP	2,183,922
8,687	OCCIDENTAL PETROLEUM CORP WT	239,327
1,400	REGENERON PHARMACEUTICALS INC	997,262
21,400	ROCHE HOLDING LTD SPON ADR	746,432
30,900	RTX CORP	3,575,748
54,300	SANOFI SPON ADR	2,618,889
4,725	SBA COMMUNICATIONS CORP	962,955
57,000	SCHWAB CHARLES CORP	4,218,570
6,200	STATE STREET CORP	608,530
7,300	SUN COMMUNITIES INC	897,681
7,500	TE CONNECTIVITY PLC	1,072,275
365	THE BOOKING HOLDINGS INC	1,813,473
6,700	T-MOBILE US INC	1,478,891
15,600	UBS GROUP AG	472,992
2,600	UNITEDHEALTH GROUP INC	1,315,236
28,400	VF CORP	609,464
48,300	WELLS FARGO & CO	3,392,592
24,406	WILLIAMS COMPANIES INC	1,320,853
11,800	ZIMMER BIOMET HLDGS INC	1,246,433
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 104,909,475</u>

<u>Face Value</u>	<u>Corporate Debt Securities</u>	
\$ 375,000	AMERICAN ELECTRIC POWER INC 5.2% 01/15/2029	\$ 377,827
325,000	AMERICAN ELECTRIC POWER INC 5.699% 08/15/2025	326,401
1,702,000	AMERICAN EXPRESS CR ACC MST TR 3.39% 05/15/2027	1,694,437
1,510,000	AMERICAN EXPRESS CR ACC MST TR 3.75% 08/15/2027	1,503,045
2,046,000	AMERICAN EXPRESS CR ACC MST TR 5.24% 04/15/2031	2,089,622
75,000	AT&T INC 3.8% 12/01/2057	51,743
200,000	BANK OF AMERICA CORPORATION 3.419% 12/20/2028	191,753
650,000	BANK OF AMERICA CORPORATION 3.559% 04/23/2027	639,562
	<u>Forward</u>	<u>\$ 6,874,390</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 6,874,390
\$ 175,000	BANK OF AMERICA CORPORATION 3.846% 05/09/2028	155,014
125,000	BANK OF AMERICA CORPORATION 4.183% 11/25/2027	122,699
225,000	BANK OF AMERICA CORPORATION 6.1% 12/31/2199	224,401
450,000	BARCLAYS PLC 4.836% 05/09/2028	442,090
200,000	BARCLAYS PLC 5.304% 08/09/2026	200,377
200,000	BARCLAYS PLC 7.119% 06/27/2034	212,250
700,000	BAT CAPITAL CORP 2.259% 03/25/2028	643,092
237,000	BAT CAPITAL CORP 3.557% 08/15/2027	229,321
175,000	BAT CAPITAL CORP 4.39% 08/15/2037	150,966
200,000	BAYER US FIN LLC 6.25% 01/21/2029	204,019
475,000	BERKSHIRE HATHAWAY ENERGY COMPANY 4.05% 04/15/2025	474,181
250,000	BNP PARIBAS 2.588% 08/12/2035	209,331
1,050,000	BNP PARIBAS 4.375% 09/28/2025	1,042,561
144,602	BNSF RY CO 2015-1 PASS THRU TR 3.442% 06/16/2028	137,458
175,000	BOSTON PPTYS LTD PARTNERSHIP 3.25% 01/30/2031	153,890
300,000	BOSTON PPTYS LTD PARTNERSHIP 4.5% 12/01/2028	291,914
300,000	BOSTON PPTYS LTD PARTNERSHIP 6.75% 12/01/2027	312,830
400,000	CAPITAL ONE FINANCIAL CORP 2.636% 03/03/2026	398,300
100,000	CAPITAL ONE FINANCIAL CORP 3.75% 07/28/2026	98,141
300,000	CAPITAL ONE FINANCIAL CORP 4.927% 05/10/2028	299,035
75,000	CAPITAL ONE FINANCIAL CORP 6.377% 06/08/2034	77,871
400,000	CARRIER GLOBAL CORP 2.242% 02/15/2025	398,400
175,000	CCO HLDGS LLC/CAP CORP 4.5% 05/01/2032	150,528
350,000	CHARTER COMMUNICATIONS OPERATING LLC / C 6.100% 06/01/2029	356,764
100,000	CHARTER COMMUNICATIONS OPERATING LLC / C 6.484% 10/23/2045	94,492
75,000	CHARTER COMMUNICATIONS OPERATING LLC / C 5.375% 05/01/2047	61,558
250,000	CHARTER COMMUNICATIONS OPERATING LLC / C 5.750% 04/01/2048	213,710
700,000	CHASE ISSUANCE TR 3.97% 09/15/2027	697,778
75,000	CIGNA GROUP 4.375% 10/15/2028	73,521
975,000	CITIGROUP INC 3.106% 04/08/2026	970,301
325,000	CITIGROUP INC 3.29% 03/17/2026	323,800
300,000	CITIGROUP INC 6.25% 12/31/2199	300,144
200,000	COLOMBIA REPUBLIC OF 3.125% 04/15/2031	158,604
375,000	COMCAST CORP 5.35% 11/15/2027	382,263
400,000	COX COMMUNICATIONS INC 3.35% 09/15/2026	390,373
150,000	COX COMMUNICATIONS INC 3.5% 08/15/2027	145,020
50,000	COX COMMUNICATIONS INC 5.7% 06/15/2033	49,673
75,000	CVS HEALTH CORP 4.78% 03/25/2038	64,850
75,000	CVS HEALTH CORP 7% 03/10/2055	75,252
85,000	ELANCO ANIMAL HEALTH INC VAR 08/28/2028	86,177
200,000	ELEVANCE HEALTH INC 2.375% 01/15/2025	199,827
40,000	ELEVANCE HEALTH INC 4.75% 02/15/2030	39,521
975,000	EXELON CORP 2.75% 03/15/2027	933,605
1,125,000	EXXON MOBIL CORP 2.992% 03/19/2025	1,121,504
46,254	FANNIE MAE 4.5% 05/25/2040	45,231
8,462	FANNIE MAE 7% 03/25/2049	8,994
	<u>Forward</u>	\$ 20,296,021

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 20,296,021
\$ 4,386	FHLG 6.50% 11/01/2037	4,556
48,238	FHLG 6.50% 12/01/2032	50,012
2,027	FHLG 6.50% 09/01/2037	2,105
17,607	FNGT 01-T1 A1 7.5% 10/25/2040	17,824
3,727	FNR 2001-79 BA 7.0% 03/25/2045	3,784
27,051	FNR 2002-33 A1 7.0% 06/25/2032	27,557
175,418	FNW 04-W9 2A2 7% 2/25/2044	179,571
8,972	FNW 2002-W6 MONTHLY FLOATING 06/25/2042	8,743
18,392	FNW 2003-W4 4A 6.353% 10/25/2042	19,289
49,296	FNW 2003-W6 3A 6.5% 09/25/2042	50,301
716,000	FORD CRDT AUTO OWNER TRUST 2024 5.09% 12/15/2028	722,400
1,012,000	FORD CREDIT AUTO OWNER TRUST 2024-C 4.11% 07/15/2030	994,311
400,000	FORD MTR CR CO LLC 5.125% 06/16/2025	399,742
325,000	FORD MTR CR CO LLC 6.8% 05/12/2028	335,840
650,000	GOLDMAN SACHS GROUP INC 1.093% 12/09/2026	627,464
150,000	GOLDMAN SACHS GROUP INC 3.615% 03/15/2028	145,865
100,000	HCA INC 5.125% 06/15/2039	91,127
675,000	HSBC HOLDINGS PLC 5.21% 08/11/2028	677,789
200,000	HSBC HOLDINGS PLC 6.5% 05/02/2036	207,731
200,000	HSBC HOLDINGS PLC 6.547% 06/20/2034	206,235
93,000	HYUNDAI AUTO RECEIVABLES TRUST 4.410% 05/15/2029	92,606
600,000	IMPERIAL BRANDS FINANCE PLC 3.5% 07/26/2026	587,068
200,000	IMPERIAL BRANDS FINANCE PLC 3.875% 07/26/2029	188,973
1,650,000	JPMORGAN CHASE & CO 1.04% 02/04/2027	1,585,220
405,000	JPMORGAN CHASE & CO 2.522% 04/22/2031	356,791
75,000	JPMORGAN CHASE & CO 2.956% 05/13/2031	67,088
150,000	KINDER MORGAN ENERGY PTNRS LP 5% 08/15/2042	130,628
100,000	KINDER MORGAN INC DEL 4.3% 06/01/2025	99,765
425,000	LLOYDS BANKING GROUP PLC 3.511% 03/18/2026	423,482
350,000	LLOYDS BANKING GROUP PLC 4.65% 03/24/2026	347,938
200,000	LLOYDS BANKING GROUP PLC 7.953% 11/15/2033	223,229
200,000	NATWEST GROUP PLC 5.808% 09/13/2029	203,944
500,000	NATWEST GROUP PLC 7.472% 11/10/2026	510,340
212,804	NAVSL 16-2A3 SOFR30A+161.448 MONTHLY FLOATING 06/25/2065	215,643
425,000	NEXTERA ENERGY CAP HLDGS INC 1.875% 01/15/2027	401,579
370,000	NEXTERA ENERGY CAP HLDGS INC 4.45% 06/20/2025	369,378
175,000	NEXTERA ENERGY CAP HLDGS INC 4.625% 07/15/2027	174,763
50,000	NEXTERA ENERGY CAP HLDGS INC 4.9% 03/15/2029	49,843
425,000	NIKE INC 2.4% 03/27/2025	422,760
225,000	OPTICS BIDCO SPA 7.721% 06/04/2038	236,525
750,000	ORACLE CORP 2.5% 04/01/2025	745,680
217,000	PETROLEOS MEXICANOS 6.7% 02/16/2032	189,468
490,000	PETROLEOS MEXICANOS 7.69% 01/23/2050	368,480
950,000	PHILIP MORRIS INTL INC 1.5% 05/01/2025	939,791
50,000	PHILIP MORRIS INTL INC 5.375% 02/15/2033	50,097
375,000	PROSUS NV 3.061% 07/13/2031	315,236
725,000	PROSUS NV 3.257% 01/19/2027	691,469
	<u>Forward</u>	\$ 35,056,051

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

<u>Face Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Fair Value</u>
	<u>Forwarded</u>	\$ 35,056,051
\$ 200,000	PROSUS NV 4.987% 01/19/2052	155,750
177,807	RIO OIL FINANCE TRUST SERIES 2014-3 9.750% 01/06/2027	182,864
75,000	RTX CORP 6.1% 03/15/2034	78,975
350,000	SCHWAB CHARLES CORP 5.875% 08/24/2026	355,961
75,000	SCHWAB CHARLES CORP 6.136% 08/24/2034	78,744
50,000	SCHWAB CHARLES CORP 6.196% 11/17/2029	52,119
546,634	SLM STUDENT LN TR 2011-1 MONTHLY FLOATING 10/25/2034	548,906
161,284	SLM STUDENT LOAN TRUST 2014-2 MONTHLY FLOATING 03/25/2055	160,194
2,928	SMALL BUS ADMIN GTD DEV PARTN 5.11% 08/01/2025	2,923
10,742	SMB 2017-A A2A 2.88% 09/15/2034	10,645
732,407	SMB PRIVATE EDUCATION LOAN TRUST 2024-A 5.240% 03/15/2056	729,859
275,000	SOUTHERN COMPANY 4% 01/15/2051	269,484
125,000	SOUTHERN COMPANY 5.15% 10/06/2025	125,413
475,000	STATE STREET CORP 5.751% 11/04/2026	478,772
500,000	TARGET CORP 2.25% 04/15/2025	496,295
625,000	T-MOBILE USA INC 1.5% 02/15/2026	602,968
125,000	T-MOBILE USA INC 3.375% 04/15/2029	116,670
125,000	T-MOBILE USA INC 3.5% 04/15/2031	113,321
400,000	T-MOBILE USA INC 3.75% 04/15/2027	390,783
265,487	TOYOTA AUTO RECEIVABLES 2022-C OWNER TR 3.760% 04/15/2027	264,573
203,000	TOYOTA AUTO RECEIVABLES 2024-C OWNER TRU 4.880% 03/15/2029	204,395
698,000	TOYOTA AUTO RECEIVABLES OWNER 5.16% 04/17/2028	703,449
2,984,000	TOYOTA AUTO RECEIVABLES OWNER TRST 4.66% 09/15/2028	2,986,996
450,000	TRANSCANADA TRUST 5.5% 09/15/2079	432,437
425,000	UBS GROUP AG 5.711% 01/12/2027	428,064
200,000	UBS GROUP AG 6.301% 09/22/2034	209,203
425,000	UBS GROUP AG 6.327% 12/22/2027	436,069
200,000	UNICREDIT SPA 7.296% 04/02/2034	208,949
175,000	VERIZON COMMUNICATIONS INC 4.125% 03/16/2027	173,025
825,000	VIRGINIA ELECTRIC AND POWER CO 3.5% 03/15/2027	804,002
100,000	VIRGINIA ELECTRIC AND POWER CO 3.75% 05/15/2027	97,932
200,000	VMWARE INC 1.4% 08/15/2026	189,463
100,000	VODAFONE GROUP PLC 7% 04/04/2079	102,407
50,000	WELLS FARGO & CO NEW 3.35% 03/02/2033	43,832
225,000	WELLS FARGO & CO NEW 3.908% 04/25/2026	224,312
250,000	WELLS FARGO & CO NEW 4.1% 06/03/2026	247,291
150,000	WELLS FARGO & CO NEW 4.897% 07/25/2033	144,865
100,000	WELLS FARGO & CO NEW 5.198% 01/23/2030	100,285
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 48,008,246</u>
	<u>Government Debt Securities</u>	
\$ 100,000	CA ST 7.55% 04/01/2039	\$ 118,203
1,855,894	FED NAT MTG ASN 6.5% 07/25/2042	1,925,600
1,948,213	FEDERAL HOME LN MTG CORP MULTICLASS MTG MONTHLY FLOATING 09/15/2040	1,870,077
190,609	FEDERAL HOME LN MTG MLT CTF GT 4.5% 04/15/2036	186,224
	<u>Forward</u>	<u>\$ 4,100,104</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 4,100,104
\$ 41,036	FEDERAL HOME LN MTG MLT CTF GT MONTHLY FLOATING 03/15/2044	39,838
34,418	FEDERAL HOME LN MTG MLT CTF GT MONTHLY FLOATING 12/15/2043	33,001
7,116	FEDERAL NAT MTG ASN GTD REM PA 3% 07/25/2043	6,264
224,330	FEDERAL NAT MTG ASN GTD REM PA 7% 11/25/2042	235,236
143,799	FEDERAL NAT MTG ASN GTD REM PA 3% 09/25/2043	134,149
10,510	FEDERAL NAT MTG ASN GTD REM PA 5.5% 07/25/2037	10,532
247	FHLG 15YR 4.5% 03/01/2025 #G13788	246
307	FHLG 15YR 4.5% 07/01/2026 #G14590	307
1,155,471	FHLG 20YR 2.5% 10/01/2040 #SC0085	1,007,723
2,369,978	FHLG 20YR 2.5% 10/01/2040 #SC0078	2,065,926
309,411	FHLG 20YR 2.5% 10/01/2040 #SC0087	268,531
43,953	FHLG 20YR 4.50% 08/01/2030 #C91324	43,649
966,402	FHLG 30YR 2.5% 10/01/2050 #SD7525	801,665
1,179,294	FHLG 30YR 2.5% 10/01/2050 #SD7526	976,423
1,003,120	FHLG 30YR 3.5% 04/01/2052 #RA7063	889,910
1,492,436	FHLG 30YR 3.5% 04/01/2052 #RA7127	1,329,600
602,727	FHLG 30YR 3.5% 05/01/2052 #SD8214	533,574
311,412	FHLG 30YR 4% 10/01/2052 #SD8256	284,655
56,227	FHLG 30YR 4% 11/01/2045 #G61229	52,594
23,284	FHLG 30YR 4.5% 03/01/2044 #G07686	22,511
41,841	FHLG 30YR 4.5% 06/01/2042 #G07843	40,716
54,527	FHLG 30YR 4.5% 11/01/2043 #G07596	52,915
21,982	FHLG 4.5% 07/01/2040 #A92792	21,422
14,659	FHLM ARM 0% MONTHLY FLOATING 01/01/2045 #849625	14,924
2,013	FHLM ARM 0.0% MONTHLY FLOATING 05/01/2044 #2B2558	2,045
2,632	FHLM ARM 2.676% 07/01/2045 #2B4445	2,679
57,217	FHLM ARM 2.822% 07/01/2046 #2B5468	58,210
19,396	FHLM ARM 2.896% 09/01/2045 #2B4580	19,744
28,957	FHLM ARM 3.134% 05/01/2044 #849399	29,445
41,834	FHLM ARM 3.196% 05/01/2047 #1B6189	42,457
22,557	FHLM ARM 3.345% 08/01/2044 #849626	22,941
46,934	FHLM ARM 3.657% 11/01/2035 #847992	47,717
1,175,118	FHLM ARM 3.932% 02/01/2053 #8C6023	1,130,303
180,722	FHLM ARM 5.70% 08/01/2037 #1Q1101	184,515
63,592	FHLM ARM 6.58% 07/01/2036 #1N0169	63,995
130,923	FHRR R003 ZA 5.5% 10/15/2035	132,088
467,292	FNGT 00-T6 A1 7.5% 11/25/2040	464,365
4,508	FNGT 2001-T3 A1 7.5% 11/25/2040	4,539
51,185	FNMA 15YR 3.5% 02/01/2031 #AL9063	50,072
16,772	FNMA 15YR 3.5% 07/01/2031 #BD0464	16,175
10	FNMA 15YR 4.5% 01/01/2025 #AL4147	10
339,200	FNMA 20YR 2% 01/01/2042 #MA4520	281,414
2,626,253	FNMA 20YR 2.5% 09/01/2040 #CA7097	2,287,467
59,634	FNMA 20YR 3.5% 04/01/2037 #MA2962	55,815
49,787	FNMA 20YR 4% 03/01/2037 #AL9840	47,365
145,310	FNMA 20YR 4.0% 02/01/2032 #MA0977	139,875
29,940	FNMA 20YR 4.0% 07/01/2034 #MA1960	28,615
	<u>Forward</u>	\$ 18,078,266

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 18,078,266
\$ 89,617	FNMA 20YR 4.5% 01/01/2034 #AL4577	87,787
961,760	FNMA 30YR 2.5% 02/01/2051 #FM5989	795,710
201,967	FNMA 30YR 2.5% 12/01/2050 #FM5118	167,097
1,404,939	FNMA 30YR 3.5% 01/01/2051 #FM7599	1,254,832
104,893	FNMA 30YR 3.5% 05/01/2052 #MA4600	92,858
141,772	FNMA 30YR 4% 08/01/2052 #MA4700	129,679
365,143	FNMA 30YR 4% 10/01/2045 #AZ4765	339,846
45,892	FNMA 30YR 4.5% 09/01/2041 #AL5441	44,597
29,168	FNMA 30YR 4.5% 09/01/2042 #AL9407	28,326
455,020	FNMA 30YR 4.5% 02/01/2045 #AL8745	442,080
20,199	FNMA 30YR 4.5% 02/01/2045 #AL9368	19,629
146,101	FNMA 30YR 4.5% 02/01/2047 #AS8833	140,058
61,057	FNMA 30YR 4.5% 02/01/2046 #AL9781	59,335
14,822	FNMA 30YR 4.5% 04/01/2046 #AS7039	14,232
343,215	FNMA 30YR 4.5% 08/01/2044 #BM1176	333,461
38,469	FNMA 30YR 4.5% 09/01/2045 #AL7384	37,107
71,417	FNMA 30YR 4.5% 11/01/2048 #CA2643	68,195
116,135	FNMA 30YR 4.5% 12/01/2041 #AJ7670	112,646
57,460	FNMA 30YR 5% 03/01/2049 #MA3617	56,422
34,171	FNMA 30YR 5% 12/01/2048 #BM5704	33,554
31,636	FNMA 30YR 5.5% 10/01/2038 #AL5109	32,376
76,251	FNMA 30YR 6% 08/01/2037 #AD0636	78,585
98,412	FNMA 4.50% 08/01/2040 #AD8529	95,650
37,527	FNMA 5.50% 10/01/2036 #AE0099	38,294
8,697	FNMA 5.50% 04/01/2035 #AD0250	8,866
28,131	FNMA 5.50% 06/01/2033 #555531	28,690
23,805	FNMA 6.50% 10/01/2038 #889984	24,978
5,007	FNMA 6.50% 12/01/2032 #735415	5,179
32,752	FNMA 6.50% 08/01/2039 #AD0130	34,382
31,803	FNMA 7.00% 03/01/2037 #888367	33,795
48,895	FNMA ARM 0% MONTHLY FLOATING 03/01/2037 #910181	49,872
32,701	FNMA ARM 0% MONTHLY FLOATING 04/01/2042 #AO0824	33,385
24,617	FNMA ARM 0% MONTHLY FLOATING 04/01/2045 #AL8486	25,202
95,688	FNMA ARM 0% MONTHLY FLOATING 05/01/2048 #BK2035	97,078
7,204	FNMA ARM 0% MONTHLY FLOATING 06/01/2042 #AO4105	7,358
545,962	FNMA ARM 0% MONTHLY FLOATING 07/01/2052 #841463	479,698
59,783	FNMA ARM 0% MONTHLY FLOATING 08/01/2044 #AW5446	60,947
8,149	FNMA ARM 0.0% MONTHLY FLOATING 08/01/2043 #AL4002	8,301
76,225	FNMA ARM 2.584% 07/01/2046 #AL8919	77,711
17,774	FNMA ARM 2.684% 04/01/2044 #AL5133	18,090
25,866	FNMA ARM 2.979% 02/01/2037 #907860	26,539
12,266	FNMA ARM 3.381% 11/01/2034 #799903	12,370
36,094	FNMA ARM 3.524% 07/01/2048 #BK5331	36,521
91,144	FNMA ARM 3.649% 05/01/2048 #BJ9201	92,798
708,789	FNMA ARM 3.775% 07/01/2052 #841476	681,607
1,786	FNMA ARM 4.272% 07/01/2034 #745903	1,819
30,003	FNMA ARM 4.429% 10/01/2042 #AL6752	30,654
	<u>Forward</u>	\$ 24,456,462

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 24,456,462
\$ 20,979	FNMA ARM 4.453% 10/01/2033 #725693	21,347
2,850	FNMA ARM 4.58% 02/01/2035 #735435	2,890
11,940	FNMA ARM 4.959% 06/01/2035 #828480	12,176
10,769	FNMA ARM 5.26% 09/01/2038 #965097	11,046
14,664	FNMA ARM 5.289 10/01/2038 #995005	15,003
6,370	FNMA ARM 06/01/2039 #AL1845	6,485
58,332	FNMA ARM RFT1Y+161 MONTHLY FLOATING 07/01/2047 #BH5350	59,373
11,344	FNMA FHAL 6% 03/01/2039 #AB8053	11,488
18,634	FNR 2001-79 BA 7% 03/25/2045	18,919
54,102	FNR 2002-33 A1 7% 06/25/2032	55,115
10,500	FNR 2002-90 A1 6.5% 06/25/2042	10,613
25,542	FSPC T-41 2A + MONTHLY FLOATING 07/25/2032	24,086
69,339	FSPC T-48 1A CSTR MONTHLY FLOATING 07/25/2033	65,298
431,078	GOVERNMENT NAT MTG AS REMIC 3.5% 12/20/2044	388,005
260,047	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+ MONTHLY FLOATING 03/20/2072	259,205
473,623	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+5 MONTHLY FLOATING 02/20/2067	473,064
562,370	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+8 MONTHLY FLOATING 01/20/2073	562,329
140,915	GOVERNMENT NAT MTG AS REMIC PT MONTHLY FLOATING 08/20/2043	127,276
388,312	GOVERNMENT NAT MTG ASSN HECM 2018-H02 FM MONTHLY FLOATING 02/20/2068	386,589
1,278,352	GOVERNMENT NAT MTG ASSN HECM KF TSFR12M+ MONTHLY FLOATING 11/20/2066	1,274,317
1,140,113	GOVERNMENT NAT MTG ASSN HECM TSFR12M+86 MONTHLY FLOATING 12/20/2067	1,137,590
141,176	IL ST TAXMUNI 5.1% 06/01/2033	139,184
125,000	NEW JERSEY ST TPK AUTH TPK REVBUILD 7.102% 01/01/2041	139,597
4,192	SBAP 2006-20B 1 5.350% 02/01/2026	4,176
3,073	SBAP 2006-20G 1 6.07% 07/01/2026	3,071
815,000	UNITED STATES TREASURY BOND 2.875% 05/15/2052	569,955
1,175,000	UNITED STATES TREASURY BOND 3.625% 05/15/2053	955,160
699,000	UNITED STATES TREASURY BOND 4.125% 08/15/2053	622,560
1,028,000	UNITED STATES TREASURY BOND 4.25% 02/15/2054	937,793
205,000	UNITED STATES TREASURY BOND 4.5% 02/15/2044	195,666
89,000	UNITED STATES TREASURY BOND 4.5% 11/15/2054	84,855
144,000	UNITED STATES TREASURY BOND 4.625% 11/15/2044	139,624
198	US DEPT VETS AFF GTD REMI PASS 8.7925% 6/15/2025	199
675,000	UST NOTES 3.625% 08/31/2029	653,569
1,127,000	UST NOTES 3.875% 08/15/2034	1,066,459
200,000	UST NOTES 3.875% 10/15/2027	197,898
1,665,000	UST NOTES 4.125% 01/31/2025	1,664,608
1,872,000	UST NOTES 4.125% 10/31/2029	1,850,441
504,000	UST NOTES 4.25% 03/15/2027	503,869
1,003,000	UST NOTES 4.25% 05/31/2025	1,002,746
1,065,000	UST NOTES 4.25% 12/31/2025	1,065,270
1,950,000	UST NOTES 4.375% 07/31/2026	1,953,217
2,365,000	UST NOTES 4.625% 06/30/2025	2,370,694
159,000	USTN TII 1.5% 02/15/2053	135,359
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 45,634,646</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Mutual Funds	Fair Value
4,793,720	BBH STIF FUND	\$ 4,793,720
22,788	* FIDELITY US BOND INDEX	232,889
153,306	* FIDELITY 500 INDEX	31,303,588
29,293	* FIDELITY EMERGING MARKETS INDEX FUND	306,405
144,232	* FIDELITY INFLATION BOND	1,282,225
338,145	* FIDELITY INTERNATIONAL INDEX	16,075,399
316,407	* FIDELITY LARGE CAP GROWTH INDEX FUND	12,393,678
85,304	* FIDELITY MID CAP	2,880,727
64,369	* FIDELITY SMALL CAP	1,781,726
51,963	* FIDELITY LARGE CAP VALUE INDEX FUND	942,615
12,556	VANG FTSE AWSCI ADM	353,957
411,044	VANG HI YLD CORP ADM	2,227,859
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 74,574,788</u>
	<u>Common/Collective Trusts</u>	
462,358	* FIDELITY FIAM 2010 T	\$ 9,621,662
885,760	* FIDELITY FIAM 2015 T	19,566,437
977,964	* FIDELITY FIAM 2020 T	22,297,573
1,473,389	* FIDELITY FIAM 2025 T	36,672,644
1,397,166	* FIDELITY FIAM 2030 T	36,214,540
1,185,361	* FIDELITY FIAM 2035 T	34,659,961
986,227	* FIDELITY FIAM 2040 T	30,385,667
757,239	* FIDELITY FIAM 2045 T	23,769,722
454,013	* FIDELITY FIAM 2050 T	14,151,575
156,657	* FIDELITY FIAM 2055 T	5,009,886
65,369	* FIDELITY FIAM 2060 T	1,481,252
18,504	* FIDELITY FIAM 2065 T	302,733
273	* FIDELITY FIAM 2070 T	2,784
616,875	* FIDELITY FIAM INCOME T	10,474,543
40,599	IBEW-NECA STABLE VALUE TRUST	20,807,978
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 265,418,957</u>
	* <u>Participant Loans (Interest rates of 4.25% - 9.50%)</u>	<u>\$ 3,656,694</u>

* Party-in-interest

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6125583; PLAN NO. 002
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
BBH STIF Fund	Purchases	\$ 1,717,847,907	\$ -	\$ 1,717,847,907	\$ -
	Sales	-	1,722,253,270	1,722,253,270	-

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form Is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: <input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>	D Check box if filing under: <input checked="" type="checkbox"/> Form 5558
<input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension
<input type="checkbox"/> the DFVC program	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 IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">002</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">12/01/1980</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">94-6125583</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">925-208-9999</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">238210</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan	12/01/1980	2b Employer Identification Number (EIN)	94-6125583	2c Plan Sponsor's telephone number	925-208-9999	2d Business code (see instructions)	238210
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan	12/01/1980										
2b Employer Identification Number (EIN)	94-6125583										
2c Plan Sponsor's telephone number	925-208-9999										
2d Business code (see instructions)	238210										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN 7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566											

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		09/30/2025	Greg Bonato
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		09/30/2025	Greg Armstrong
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 94-6125583
	3c Administrator's telephone number 925-208-9999

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3295
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1612
a(2) Total number of active participants at the end of the plan year	6a(2) 1599
b Retired or separated participants receiving benefits	6b 280
c Other retired or separated participants entitled to future benefits.	6c 1321
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 3200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 23
f Total. Add lines 6d and 6e.	6f 3223
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 3265
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 3199
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 192

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 _____

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6125583; PLAN NO. 002
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
BBH STIF Fund	Purchases	\$ 1,717,847,907	\$ -	\$ 1,717,847,907	\$ -
	Sales	-	1,722,253,270	1,722,253,270	-

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Common Stock	Fair Value
118,819	AEGON LTD (NY REGD) NEW YORK REGISTERED	\$ 699,844
4,800	AIR PRODUCTS & CHEMICALS INC	1,392,192
2,100	ALNYLAM PHARMACEUTICALS INC	494,151
9,100	ALPHABET INC CL A	1,722,630
9,200	ALPHABET INC CL C	1,752,048
10,900	AMAZON.COM INC	2,391,351
7,100	AMERICAN ELECTRIC POWER CO INC	654,833
28,200	ANHEUSER-BUSCH INBEV SPN ADR	1,411,974
63,100	AVANTOR INC	1,329,517
31,700	BAKER HUGHES CO	1,300,334
21,200	BANK OF AMERICA CORPORATION	931,740
29,600	BANK OF NEW YORK MELLON CORP	2,274,168
32,500	BAXTER INTL INC	947,700
8,424	BIOMARIN PHARMACEUTICAL INC	553,710
4,727	BRIGHTHOUSE FINANCIAL INC	227,085
10,600	BRISTOL-MYERS SQUIBB CO	599,536
11,655	CAPITAL ONE FINANCIAL CORP	2,078,320
10,100	CARRIER GLOBAL CORP	689,426
8,900	CELANESE CORP	615,969
7,125	CHARTER COMMUNICATIONS INC A	2,442,236
5,650	CIGNA GROUP	1,560,191
9,200	CITIGROUP CAP XIII	275,724
17,000	CISCO SYSTEMS INC	1,006,400
13,600	COGNIZANT TECH SOLUTIONS CL A	1,045,840
5,400	COHERENT CORP	511,542
47,800	COMCAST CORP CL A	1,793,934
8,014	CONOCOPHILLIPS	794,748
42,700	CVS HEALTH CORP	1,916,803
15,300	DOMINION ENERGY INC	824,058
9,384	ECHOSTAR CORP CL A	214,894
53,600	ELANCO ANIMAL HEALTH INC	649,096
8,700	FEDEX CORP	2,447,571
21,700	FIDELITY NATL INFORM SVCS INC	1,752,709
20,300	FISERV INC	4,170,026
5,900	FORTIVE CORP	442,500
15,533	FOX CORP CL A	754,593
7,466	FOX CORPORATION B	341,495
8,917	GAMING AND LEISURE PROPRTI INC	429,443
21,500	GAP INC	508,045
10,100	GE AEROSPACE	1,684,579
10,100	GE HEALTHCARE TECHNOLOGIES INC	789,618
23,200	GILEAD SCIENCES INC	2,142,984
2,650	GOLDMAN SACHS GROUP INC	1,517,443
47,700	GSK PLC SPONS ADR	1,613,214
123,789	HALEON PLC SPONS ADR	1,180,947
16,100	HONDA MOTOR LTD SPON ADR	459,655
23,200	HP INC	757,016
6,300	HUMANA INC	1,598,373
9,700	INCYTE CORP	669,979
	<u>Forward</u>	<u>\$ 58,362,184</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	<u>Common Stock (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 58,362,184
14,800	INTERNATIONAL FLAVORS & FRAGRA	1,251,340
43,600	JOHNSON CONTROLS INTERNATIONAL PLC	3,441,348
900	LPL FINL HLDGS INC	293,859
10,300	LYONDELLBASELL INDS CLASS A	764,981
4,800	MEDTRONIC PLC	383,424
2,400	META PLATFORMS INC CL A	1,405,224
37,300	METLIFE INC	3,054,124
5,500	MICROSOFT CORP	2,318,250
10,600	MOLSON COORS BEVERAGE CO B	607,592
2,400	NEUROCRINE BIOSCIENCES INC	327,600
7,900	NEWS CORP NEW CL A	217,566
7,900	NORFOLK SOUTHERN CORP	1,854,130
8,800	NOVARTIS AG SPON ADR	856,328
44,200	OCCIDENTAL PETROLEUM CORP	2,183,922
8,687	OCCIDENTAL PETROLEUM CORP WT	239,327
1,400	REGENERON PHARMACEUTICALS INC	997,262
21,400	ROCHE HOLDING LTD SPON ADR	746,432
30,900	RTX CORP	3,575,748
54,300	SANOFI SPON ADR	2,618,889
4,725	SBA COMMUNICATIONS CORP	962,955
57,000	SCHWAB CHARLES CORP	4,218,570
6,200	STATE STREET CORP	608,530
7,300	SUN COMMUNITIES INC	897,681
7,500	TE CONNECTIVITY PLC	1,072,275
365	THE BOOKING HOLDINGS INC	1,813,473
6,700	T-MOBILE US INC	1,478,891
15,600	UBS GROUP AG	472,992
2,600	UNITEDHEALTH GROUP INC	1,315,236
28,400	VF CORP	609,464
48,300	WELLS FARGO & CO	3,392,592
24,406	WILLIAMS COMPANIES INC	1,320,853
11,800	ZIMMER BIOMET HLDGS INC	1,246,433
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 104,909,475</u>

Face Value	<u>Corporate Debt Securities</u>	
\$ 375,000	AMERICAN ELECTRIC POWER INC 5.2% 01/15/2029	\$ 377,827
325,000	AMERICAN ELECTRIC POWER INC 5.699% 08/15/2025	326,401
1,702,000	AMERICAN EXPRESS CR ACC MST TR 3.39% 05/15/2027	1,694,437
1,510,000	AMERICAN EXPRESS CR ACC MST TR 3.75% 08/15/2027	1,503,045
2,046,000	AMERICAN EXPRESS CR ACC MST TR 5.24% 04/15/2031	2,089,622
75,000	AT&T INC 3.8% 12/01/2057	51,743
200,000	BANK OF AMERICA CORPORATION 3.419% 12/20/2028	191,753
650,000	BANK OF AMERICA CORPORATION 3.559% 04/23/2027	639,562
	<u>Forward</u>	<u>\$ 6,874,390</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 6,874,390
\$ 175,000	BANK OF AMERICA CORPORATION 3.846% 05/09/2028	155,014
125,000	BANK OF AMERICA CORPORATION 4.183% 11/25/2027	122,699
225,000	BANK OF AMERICA CORPORATION 6.1% 12/31/2199	224,401
450,000	BARCLAYS PLC 4.836% 05/09/2028	442,090
200,000	BARCLAYS PLC 5.304% 08/09/2026	200,377
200,000	BARCLAYS PLC 7.119% 06/27/2034	212,250
700,000	BAT CAPITAL CORP 2.259% 03/25/2028	643,092
237,000	BAT CAPITAL CORP 3.557% 08/15/2027	229,321
175,000	BAT CAPITAL CORP 4.39% 08/15/2037	150,966
200,000	BAYER US FIN LLC 6.25% 01/21/2029	204,019
475,000	BERKSHIRE HATHAWAY ENERGY COMPANY 4.05% 04/15/2025	474,181
250,000	BNP PARIBAS 2.588% 08/12/2035	209,331
1,050,000	BNP PARIBAS 4.375% 09/28/2025	1,042,561
144,602	BNSF RY CO 2015-1 PASS THRU TR 3.442% 06/16/2028	137,458
175,000	BOSTON PPTYS LTD PARTNERSHIP 3.25% 01/30/2031	153,890
300,000	BOSTON PPTYS LTD PARTNERSHIP 4.5% 12/01/2028	291,914
300,000	BOSTON PPTYS LTD PARTNERSHIP 6.75% 12/01/2027	312,830
400,000	CAPITAL ONE FINANCIAL CORP 2.636% 03/03/2026	398,300
100,000	CAPITAL ONE FINANCIAL CORP 3.75% 07/28/2026	98,141
300,000	CAPITAL ONE FINANCIAL CORP 4.927% 05/10/2028	299,035
75,000	CAPITAL ONE FINANCIAL CORP 6.377% 06/08/2034	77,871
400,000	CARRIER GLOBAL CORP 2.242% 02/15/2025	398,400
175,000	CCO HLDGS LLC/CAP CORP 4.5% 05/01/2032	150,528
350,000	CHARTER COMMUNICATIONS OPERATING LLC / C 6.100% 06/01/2029	356,764
100,000	CHARTER COMMUNICATIONS OPERATING LLC / C 6.484% 10/23/2045	94,492
75,000	CHARTER COMMUNICATIONS OPERATING LLC / C 5.375% 05/01/2047	61,558
250,000	CHARTER COMMUNICATIONS OPERATING LLC / C 5.750% 04/01/2048	213,710
700,000	CHASE ISSUANCE TR 3.97% 09/15/2027	697,778
75,000	CIGNA GROUP 4.375% 10/15/2028	73,521
975,000	CITIGROUP INC 3.106% 04/08/2026	970,301
325,000	CITIGROUP INC 3.29% 03/17/2026	323,800
300,000	CITIGROUP INC 6.25% 12/31/2199	300,144
200,000	COLOMBIA REPUBLIC OF 3.125% 04/15/2031	158,604
375,000	COMCAST CORP 5.35% 11/15/2027	382,263
400,000	COX COMMUNICATIONS INC 3.35% 09/15/2026	390,373
150,000	COX COMMUNICATIONS INC 3.5% 08/15/2027	145,020
50,000	COX COMMUNICATIONS INC 5.7% 06/15/2033	49,673
75,000	CVS HEALTH CORP 4.78% 03/25/2038	64,850
75,000	CVS HEALTH CORP 7% 03/10/2055	75,252
85,000	ELANCO ANIMAL HEALTH INC VAR 08/28/2028	86,177
200,000	ELEVANCE HEALTH INC 2.375% 01/15/2025	199,827
40,000	ELEVANCE HEALTH INC 4.75% 02/15/2030	39,521
975,000	EXELON CORP 2.75% 03/15/2027	933,605
1,125,000	EXXON MOBIL CORP 2.992% 03/19/2025	1,121,504
46,254	FANNIE MAE 4.5% 05/25/2040	45,231
8,462	FANNIE MAE 7% 03/25/2049	8,994
	<u>Forward</u>	\$ 20,296,021

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 20,296,021
\$ 4,386	FHLG 6.50% 11/01/2037	4,556
48,238	FHLG 6.50% 12/01/2032	50,012
2,027	FHLG 6.50% 09/01/2037	2,105
17,607	FNGT 01-T1 A1 7.5% 10/25/2040	17,824
3,727	FNR 2001-79 BA 7.0% 03/25/2045	3,784
27,051	FNR 2002-33 A1 7.0% 06/25/2032	27,557
175,418	FNW 04-W9 2A2 7% 2/25/2044	179,571
8,972	FNW 2002-W6 MONTHLY FLOATING 06/25/2042	8,743
18,392	FNW 2003-W4 4A 6.353% 10/25/2042	19,289
49,296	FNW 2003-W6 3A 6.5% 09/25/2042	50,301
716,000	FORD CRDT AUTO OWNER TRUST 2024 5.09% 12/15/2028	722,400
1,012,000	FORD CREDIT AUTO OWNER TRUST 2024-C 4.11% 07/15/2030	994,311
400,000	FORD MTR CR CO LLC 5.125% 06/16/2025	399,742
325,000	FORD MTR CR CO LLC 6.8% 05/12/2028	335,840
650,000	GOLDMAN SACHS GROUP INC 1.093% 12/09/2026	627,464
150,000	GOLDMAN SACHS GROUP INC 3.615% 03/15/2028	145,865
100,000	HCA INC 5.125% 06/15/2039	91,127
675,000	HSBC HOLDINGS PLC 5.21% 08/11/2028	677,789
200,000	HSBC HOLDINGS PLC 6.5% 05/02/2036	207,731
200,000	HSBC HOLDINGS PLC 6.547% 06/20/2034	206,235
93,000	HYUNDAI AUTO RECEIVABLES TRUST 4.410% 05/15/2029	92,606
600,000	IMPERIAL BRANDS FINANCE PLC 3.5% 07/26/2026	587,068
200,000	IMPERIAL BRANDS FINANCE PLC 3.875% 07/26/2029	188,973
1,650,000	JPMORGAN CHASE & CO 1.04% 02/04/2027	1,585,220
405,000	JPMORGAN CHASE & CO 2.522% 04/22/2031	356,791
75,000	JPMORGAN CHASE & CO 2.956% 05/13/2031	67,088
150,000	KINDER MORGAN ENERGY PTNRS LP 5% 08/15/2042	130,628
100,000	KINDER MORGAN INC DEL 4.3% 06/01/2025	99,765
425,000	LLOYDS BANKING GROUP PLC 3.511% 03/18/2026	423,482
350,000	LLOYDS BANKING GROUP PLC 4.65% 03/24/2026	347,938
200,000	LLOYDS BANKING GROUP PLC 7.953% 11/15/2033	223,229
200,000	NATWEST GROUP PLC 5.808% 09/13/2029	203,944
500,000	NATWEST GROUP PLC 7.472% 11/10/2026	510,340
212,804	NAVSL 16-2A3 SOFR30A+161.448 MONTHLY FLOATING 06/25/2065	215,643
425,000	NEXTERA ENERGY CAP HLDGS INC 1.875% 01/15/2027	401,579
370,000	NEXTERA ENERGY CAP HLDGS INC 4.45% 06/20/2025	369,378
175,000	NEXTERA ENERGY CAP HLDGS INC 4.625% 07/15/2027	174,763
50,000	NEXTERA ENERGY CAP HLDGS INC 4.9% 03/15/2029	49,843
425,000	NIKE INC 2.4% 03/27/2025	422,760
225,000	OPTICS BIDCO SPA 7.721% 06/04/2038	236,525
750,000	ORACLE CORP 2.5% 04/01/2025	745,680
217,000	PETROLEOS MEXICANOS 6.7% 02/16/2032	189,468
490,000	PETROLEOS MEXICANOS 7.69% 01/23/2050	368,480
950,000	PHILIP MORRIS INTL INC 1.5% 05/01/2025	939,791
50,000	PHILIP MORRIS INTL INC 5.375% 02/15/2033	50,097
375,000	PROSUS NV 3.061% 07/13/2031	315,236
725,000	PROSUS NV 3.257% 01/19/2027	691,469
	<u>Forward</u>	\$ 35,056,051

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 35,056,051
\$ 200,000	PROSUS NV 4.987% 01/19/2052	155,750
177,807	RIO OIL FINANCE TRUST SERIES 2014-3 9.750% 01/06/2027	182,864
75,000	RTX CORP 6.1% 03/15/2034	78,975
350,000	SCHWAB CHARLES CORP 5.875% 08/24/2026	355,961
75,000	SCHWAB CHARLES CORP 6.136% 08/24/2034	78,744
50,000	SCHWAB CHARLES CORP 6.196% 11/17/2029	52,119
546,634	SLM STUDENT LN TR 2011-1 MONTHLY FLOATING 10/25/2034	548,906
161,284	SLM STUDENT LOAN TRUST 2014-2 MONTHLY FLOATING 03/25/2055	160,194
2,928	SMALL BUS ADMIN GTD DEV PARTN 5.11% 08/01/2025	2,923
10,742	SMB 2017-A A2A 2.88% 09/15/2034	10,645
732,407	SMB PRIVATE EDUCATION LOAN TRUST 2024-A 5.240% 03/15/2056	729,859
275,000	SOUTHERN COMPANY 4% 01/15/2051	269,484
125,000	SOUTHERN COMPANY 5.15% 10/06/2025	125,413
475,000	STATE STREET CORP 5.751% 11/04/2026	478,772
500,000	TARGET CORP 2.25% 04/15/2025	496,295
625,000	T-MOBILE USA INC 1.5% 02/15/2026	602,968
125,000	T-MOBILE USA INC 3.375% 04/15/2029	116,670
125,000	T-MOBILE USA INC 3.5% 04/15/2031	113,321
400,000	T-MOBILE USA INC 3.75% 04/15/2027	390,783
265,487	TOYOTA AUTO RECEIVABLES 2022-C OWNER TR 3.760% 04/15/2027	264,573
203,000	TOYOTA AUTO RECEIVABLES 2024-C OWNER TRU 4.880% 03/15/2029	204,395
698,000	TOYOTA AUTO RECEIVABLES OWNER 5.16% 04/17/2028	703,449
2,984,000	TOYOTA AUTO RECEIVABLES OWNER TRST 4.66% 09/15/2028	2,986,996
450,000	TRANSCANADA TRUST 5.5% 09/15/2079	432,437
425,000	UBS GROUP AG 5.711% 01/12/2027	428,064
200,000	UBS GROUP AG 6.301% 09/22/2034	209,203
425,000	UBS GROUP AG 6.327% 12/22/2027	436,069
200,000	UNICREDIT SPA 7.296% 04/02/2034	208,949
175,000	VERIZON COMMUNICATIONS INC 4.125% 03/16/2027	173,025
825,000	VIRGINIA ELECTRIC AND POWER CO 3.5% 03/15/2027	804,002
100,000	VIRGINIA ELECTRIC AND POWER CO 3.75% 05/15/2027	97,932
200,000	VMWARE INC 1.4% 08/15/2026	189,463
100,000	VODAFONE GROUP PLC 7% 04/04/2079	102,407
50,000	WELLS FARGO & CO NEW 3.35% 03/02/2033	43,832
225,000	WELLS FARGO & CO NEW 3.908% 04/25/2026	224,312
250,000	WELLS FARGO & CO NEW 4.1% 06/03/2026	247,291
150,000	WELLS FARGO & CO NEW 4.897% 07/25/2033	144,865
100,000	WELLS FARGO & CO NEW 5.198% 01/23/2030	100,285
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	\$ 48,008,246
	<u>Government Debt Securities</u>	
\$ 100,000	CA ST 7.55% 04/01/2039	\$ 118,203
1,855,894	FED NAT MTG ASN 6.5% 07/25/2042	1,925,600
1,948,213	FEDERAL HOME LN MTG CORP MULTICLASS MTG MONTHLY FLOATING 09/15/2040	1,870,077
190,609	FEDERAL HOME LN MTG MLT CTF GT 4.5% 04/15/2036	186,224
	<u>Forward</u>	\$ 4,100,104

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 4,100,104
\$ 41,036	FEDERAL HOME LN MTG MLT CTF GT MONTHLY FLOATING 03/15/2044	39,838
34,418	FEDERAL HOME LN MTG MLT CTF GT MONTHLY FLOATING 12/15/2043	33,001
7,116	FEDERAL NAT MTG ASN GTD REM PA 3% 07/25/2043	6,264
224,330	FEDERAL NAT MTG ASN GTD REM PA 7% 11/25/2042	235,236
143,799	FEDERAL NAT MTG ASN GTD REM PA 3% 09/25/2043	134,149
10,510	FEDERAL NAT MTG ASN GTD REM PA 5.5% 07/25/2037	10,532
247	FHLG 15YR 4.5% 03/01/2025 #G13788	246
307	FHLG 15YR 4.5% 07/01/2026 #G14590	307
1,155,471	FHLG 20YR 2.5% 10/01/2040 #SC0085	1,007,723
2,369,978	FHLG 20YR 2.5% 10/01/2040 #SC0078	2,065,926
309,411	FHLG 20YR 2.5% 10/01/2040 #SC0087	268,531
43,953	FHLG 20YR 4.50% 08/01/2030 #C91324	43,649
966,402	FHLG 30YR 2.5% 10/01/2050 #SD7525	801,665
1,179,294	FHLG 30YR 2.5% 10/01/2050 #SD7526	976,423
1,003,120	FHLG 30YR 3.5% 04/01/2052 #RA7063	889,910
1,492,436	FHLG 30YR 3.5% 04/01/2052 #RA7127	1,329,600
602,727	FHLG 30YR 3.5% 05/01/2052 #SD8214	533,574
311,412	FHLG 30YR 4% 10/01/2052 #SD8256	284,655
56,227	FHLG 30YR 4% 11/01/2045 #G61229	52,594
23,284	FHLG 30YR 4.5% 03/01/2044 #G07686	22,511
41,841	FHLG 30YR 4.5% 06/01/2042 #G07843	40,716
54,527	FHLG 30YR 4.5% 11/01/2043 #G07596	52,915
21,982	FHLG 4.5% 07/01/2040 #A92792	21,422
14,659	FHLM ARM 0% MONTHLY FLOATING 01/01/2045 #849625	14,924
2,013	FHLM ARM 0.0% MONTHLY FLOATING 05/01/2044 #2B2558	2,045
2,632	FHLM ARM 2.676% 07/01/2045 #2B4445	2,679
57,217	FHLM ARM 2.822% 07/01/2046 #2B5468	58,210
19,396	FHLM ARM 2.896% 09/01/2045 #2B4580	19,744
28,957	FHLM ARM 3.134% 05/01/2044 #849399	29,445
41,834	FHLM ARM 3.196% 05/01/2047 #1B6189	42,457
22,557	FHLM ARM 3.345% 08/01/2044 #849626	22,941
46,934	FHLM ARM 3.657% 11/01/2035 #847992	47,717
1,175,118	FHLM ARM 3.932% 02/01/2053 #8C6023	1,130,303
180,722	FHLM ARM 5.70% 08/01/2037 #1Q1101	184,515
63,592	FHLM ARM 6.58% 07/01/2036 #1N0169	63,995
130,923	FHRR R003 ZA 5.5% 10/15/2035	132,088
467,292	FNGT 00-T6 A1 7.5% 11/25/2040	464,365
4,508	FNGT 2001-T3 A1 7.5% 11/25/2040	4,539
51,185	FNMA 15YR 3.5% 02/01/2031 #AL9063	50,072
16,772	FNMA 15YR 3.5% 07/01/2031 #BD0464	16,175
10	FNMA 15YR 4.5% 01/01/2025 #AL4147	10
339,200	FNMA 20YR 2% 01/01/2042 #MA4520	281,414
2,626,253	FNMA 20YR 2.5% 09/01/2040 #CA7097	2,287,467
59,634	FNMA 20YR 3.5% 04/01/2037 #MA2962	55,815
49,787	FNMA 20YR 4% 03/01/2037 #AL9840	47,365
145,310	FNMA 20YR 4.0% 02/01/2032 #MA0977	139,875
29,940	FNMA 20YR 4.0% 07/01/2034 #MA1960	28,615
	<u>Forward</u>	\$ 18,078,266

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Fair Value
	<u>Forwarded</u>	\$ 18,078,266
\$ 89,617	FNMA 20YR 4.5% 01/01/2034 #AL4577	87,787
961,760	FNMA 30YR 2.5% 02/01/2051 #FM5989	795,710
201,967	FNMA 30YR 2.5% 12/01/2050 #FM5118	167,097
1,404,939	FNMA 30YR 3.5% 01/01/2051 #FM7599	1,254,832
104,893	FNMA 30YR 3.5% 05/01/2052 #MA4600	92,858
141,772	FNMA 30YR 4% 08/01/2052 #MA4700	129,679
365,143	FNMA 30YR 4% 10/01/2045 #AZ4765	339,846
45,892	FNMA 30YR 4.5% 09/01/2041 #AL5441	44,597
29,168	FNMA 30YR 4.5% 09/01/2042 #AL9407	28,326
455,020	FNMA 30YR 4.5% 02/01/2045 #AL8745	442,080
20,199	FNMA 30YR 4.5% 02/01/2045 #AL9368	19,629
146,101	FNMA 30YR 4.5% 02/01/2047 #AS8833	140,058
61,057	FNMA 30YR 4.5% 02/01/2046 #AL9781	59,335
14,822	FNMA 30YR 4.5% 04/01/2046 #AS7039	14,232
343,215	FNMA 30YR 4.5% 08/01/2044 #BM1176	333,461
38,469	FNMA 30YR 4.5% 09/01/2045 #AL7384	37,107
71,417	FNMA 30YR 4.5% 11/01/2048 #CA2643	68,195
116,135	FNMA 30YR 4.5% 12/01/2041 #AJ7670	112,646
57,460	FNMA 30YR 5% 03/01/2049 #MA3617	56,422
34,171	FNMA 30YR 5% 12/01/2048 #BM5704	33,554
31,636	FNMA 30YR 5.5% 10/01/2038 #AL5109	32,376
76,251	FNMA 30YR 6% 08/01/2037 #AD0636	78,585
98,412	FNMA 4.50% 08/01/2040 #AD8529	95,650
37,527	FNMA 5.50% 10/01/2036 #AE0099	38,294
8,697	FNMA 5.50% 04/01/2035 #AD0250	8,866
28,131	FNMA 5.50% 06/01/2033 #555531	28,690
23,805	FNMA 6.50% 10/01/2038 #889984	24,978
5,007	FNMA 6.50% 12/01/2032 #735415	5,179
32,752	FNMA 6.50% 08/01/2039 #AD0130	34,382
31,803	FNMA 7.00% 03/01/2037 #888367	33,795
48,895	FNMA ARM 0% MONTHLY FLOATING 03/01/2037 #910181	49,872
32,701	FNMA ARM 0% MONTHLY FLOATING 04/01/2042 #AO0824	33,385
24,617	FNMA ARM 0% MONTHLY FLOATING 04/01/2045 #AL8486	25,202
95,688	FNMA ARM 0% MONTHLY FLOATING 05/01/2048 #BK2035	97,078
7,204	FNMA ARM 0% MONTHLY FLOATING 06/01/2042 #AO4105	7,358
545,962	FNMA ARM 0% MONTHLY FLOATING 07/01/2052 #841463	479,698
59,783	FNMA ARM 0% MONTHLY FLOATING 08/01/2044 #AW5446	60,947
8,149	FNMA ARM 0.0% MONTHLY FLOATING 08/01/2043 #AL4002	8,301
76,225	FNMA ARM 2.584% 07/01/2046 #AL8919	77,711
17,774	FNMA ARM 2.684% 04/01/2044 #AL5133	18,090
25,866	FNMA ARM 2.979% 02/01/2037 #907860	26,539
12,266	FNMA ARM 3.381% 11/01/2034 #799903	12,370
36,094	FNMA ARM 3.524% 07/01/2048 #BK5331	36,521
91,144	FNMA ARM 3.649% 05/01/2048 #BJ9201	92,798
708,789	FNMA ARM 3.775% 07/01/2052 #841476	681,607
1,786	FNMA ARM 4.272% 07/01/2034 #745903	1,819
30,003	FNMA ARM 4.429% 10/01/2042 #AL6752	30,654
	<u>Forward</u>	\$ 24,456,462

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

<u>Face Value</u>	<u>Government Debt Securities (Continued)</u>	<u>Fair Value</u>
	<u>Forwarded</u>	\$ 24,456,462
\$ 20,979	FNMA ARM 4.453% 10/01/2033 #725693	21,347
2,850	FNMA ARM 4.58% 02/01/2035 #735435	2,890
11,940	FNMA ARM 4.959% 06/01/2035 #828480	12,176
10,769	FNMA ARM 5.26% 09/01/2038 #965097	11,046
14,664	FNMA ARM 5.289 10/01/2038 #995005	15,003
6,370	FNMA ARM 06/01/2039 #AL1845	6,485
58,332	FNMA ARM RFT1Y+161 MONTHLY FLOATING 07/01/2047 #BH5350	59,373
11,344	FNMA FHAL 6% 03/01/2039 #AB8053	11,488
18,634	FNR 2001-79 BA 7% 03/25/2045	18,919
54,102	FNR 2002-33 A1 7% 06/25/2032	55,115
10,500	FNR 2002-90 A1 6.5% 06/25/2042	10,613
25,542	FSPC T-41 2A + MONTHLY FLOATING 07/25/2032	24,086
69,339	FSPC T-48 1A CSTR MONTHLY FLOATING 07/25/2033	65,298
431,078	GOVERNMENT NAT MTG AS REMIC 3.5% 12/20/2044	388,005
260,047	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+ MONTHLY FLOATING 03/20/2072	259,205
473,623	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+5 MONTHLY FLOATING 02/20/2067	473,064
562,370	GOVERNMENT NAT MTG AS REMIC PT SOFR30A+8 MONTHLY FLOATING 01/20/2073	562,329
140,915	GOVERNMENT NAT MTG AS REMIC PT MONTHLY FLOATING 08/20/2043	127,276
388,312	GOVERNMENT NAT MTG ASSN HECM 2018-H02 FM MONTHLY FLOATING 02/20/2068	386,589
1,278,352	GOVERNMENT NAT MTG ASSN HECM KF TSFR12M+ MONTHLY FLOATING 11/20/2066	1,274,317
1,140,113	GOVERNMENT NAT MTG ASSN HECM TSFR12M+86 MONTHLY FLOATING 12/20/2067	1,137,590
141,176	IL ST TAXMUNI 5.1% 06/01/2033	139,184
125,000	NEW JERSEY ST TPK AUTH TPK REVBUILD 7.102% 01/01/2041	139,597
4,192	SBAP 2006-20B 1 5.350% 02/01/2026	4,176
3,073	SBAP 2006-20G 1 6.07% 07/01/2026	3,071
815,000	UNITED STATES TREASURY BOND 2.875% 05/15/2052	569,955
1,175,000	UNITED STATES TREASURY BOND 3.625% 05/15/2053	955,160
699,000	UNITED STATES TREASURY BOND 4.125% 08/15/2053	622,560
1,028,000	UNITED STATES TREASURY BOND 4.25% 02/15/2054	937,793
205,000	UNITED STATES TREASURY BOND 4.5% 02/15/2044	195,666
89,000	UNITED STATES TREASURY BOND 4.5% 11/15/2054	84,855
144,000	UNITED STATES TREASURY BOND 4.625% 11/15/2044	139,624
198	US DEPT VETS AFF GTD REMI PASS 8.7925% 6/15/2025	199
675,000	UST NOTES 3.625% 08/31/2029	653,569
1,127,000	UST NOTES 3.875% 08/15/2034	1,066,459
200,000	UST NOTES 3.875% 10/15/2027	197,898
1,665,000	UST NOTES 4.125% 01/31/2025	1,664,608
1,872,000	UST NOTES 4.125% 10/31/2029	1,850,441
504,000	UST NOTES 4.25% 03/15/2027	503,869
1,003,000	UST NOTES 4.25% 05/31/2025	1,002,746
1,065,000	UST NOTES 4.25% 12/31/2025	1,065,270
1,950,000	UST NOTES 4.375% 07/31/2026	1,953,217
2,365,000	UST NOTES 4.625% 06/30/2025	2,370,694
159,000	USTN TII 1.5% 02/15/2053	135,359
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 45,634,646</u>

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6125583; PLAN NO. 002
DECEMBER 31, 2024

No. of Shares	Mutual Funds	Fair Value
4,793,720	BBH STIF FUND	\$ 4,793,720
22,788	* FIDELITY US BOND INDEX	232,889
153,306	* FIDELITY 500 INDEX	31,303,588
29,293	* FIDELITY EMERGING MARKETS INDEX FUND	306,405
144,232	* FIDELITY INFLATION BOND	1,282,225
338,145	* FIDELITY INTERNATIONAL INDEX	16,075,399
316,407	* FIDELITY LARGE CAP GROWTH INDEX FUND	12,393,678
85,304	* FIDELITY MID CAP	2,880,727
64,369	* FIDELITY SMALL CAP	1,781,726
51,963	* FIDELITY LARGE CAP VALUE INDEX FUND	942,615
12,556	VANG FTSE AWSCI ADM	353,957
411,044	VANG HI YLD CORP ADM	2,227,859
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 74,574,788</u>
	 <u>Common/Collective Trusts</u> 	
462,358	* FIDELITY FIAM 2010 T	\$ 9,621,662
885,760	* FIDELITY FIAM 2015 T	19,566,437
977,964	* FIDELITY FIAM 2020 T	22,297,573
1,473,389	* FIDELITY FIAM 2025 T	36,672,644
1,397,166	* FIDELITY FIAM 2030 T	36,214,540
1,185,361	* FIDELITY FIAM 2035 T	34,659,961
986,227	* FIDELITY FIAM 2040 T	30,385,667
757,239	* FIDELITY FIAM 2045 T	23,769,722
454,013	* FIDELITY FIAM 2050 T	14,151,575
156,657	* FIDELITY FIAM 2055 T	5,009,886
65,369	* FIDELITY FIAM 2060 T	1,481,252
18,504	* FIDELITY FIAM 2065 T	302,733
273	* FIDELITY FIAM 2070 T	2,784
616,875	* FIDELITY FIAM INCOME T	10,474,543
40,599	IBEW-NECA STABLE VALUE TRUST	20,807,978
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 265,418,957</u>
	* <u>Participant Loans (Interest rates of 4.25% - 9.50%)</u>	<u>\$ 3,656,694</u>

* Party-in-interest