

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>IBEW LOCAL UNION NO. 237 PENSION PLAN</u></p> <p><u>6700 SCHULTZ RD</u> <u>6700 SCHULTZ RD</u> <u>NIAGARA FALLS, NY 14304-4531</u> <u>NIAGARA FALLS, NY 14304-4531</u></p>	<p>1c Effective date of plan <u>05/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>16-6094914</u></p> <p>2c Plan Sponsor's telephone number <u>716-297-3899</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.	10/08/2025	ANGELA STANISZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	ANGELA STANISZ
	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	429
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)	198
	6a(2)	221
	6b	158
	6c	85
	6d	464
	6e	39
	6f	503
	6g(1)	
6g(2)		
6h		12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>16-6094914</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>18663353</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>19446324</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>77357826</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>77357826</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>102043936</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>1647792</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>6225688</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>6225688</u>

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

SIGN HERE <u>NATHAN HOELLMAN</u> Type or print name of actuary <u>ACRISURE</u> Firm name <u>FOUR GATEWAY CENTER SUITE 605</u> <u>PITTSBURGH, PA 15222</u> Address of the firm	Date <u>23-08906</u> Most recent enrollment number <u>412-394-9330</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	199000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	588932	57353
3	15506016	1591100

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	35925841
b Employer's normal cost for plan year as of valuation date.....	9b	941913

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	43176432	8312690
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3162631
e Total charges. Add lines 9a through 9d.....	9e		48343075
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		5016050
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	21190771	2514126
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		323059
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	18711498	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	88474529	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		7853235
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		40489840
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		40489840
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A Name of plan IBEW LOCAL UNION NO. 237 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 237 PENSION PLAN	D Employer Identification Number (EIN) 16-6094914	

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

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

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

SEGAL MARCO ADVISORS

25 BRAINTREE HILL OFFICE PARK SUITE
BRAINTREE, MA 02184

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	97346	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)

BLITMAN & KING LLP

16 W. MAIN ST. 500
ROCHESTER, NY 14614

16-1047304

(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	ATTORNEY	53310	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)

COWDEN ASSOCIATES

444 LIBERTY AVE, SUITE 605
PITTSBURGH, PA 15222

25-1750131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	38437	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)

IBEW LOCAL 237 HEALTH & WELFARE FUN

6700 SCHULTZ STREET
NIAGARA FALLS, NY 14304

16-0834222

(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?
15	RELATED PARTY	36705	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)

WILMINGTON TRUST

ONE FOUNTAIN PLAZA 12TH FLOOR
BUFFALO, NY 14203

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	INVESTMENT MANAGEMENT	35549	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)

BONADIO & CO., LLP

100 CORPORATE PKWY 200
AMHERST, NY 14226

16-1131146

(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	ACCOUNTANT	20670	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)

ACRISURE MID-ATLANTIC PARTNERS LLC

1265 DRUMMERS LN FL 3
WAYNE, PA 19087

26-3554565

(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	ACTUARY	13161	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL UNION NO. 237 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>16-6094914</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: MARCO EQUITY GROUP TRUST

b Name of sponsor of entity listed in (a): SEGAL ADVISORS, INC

c EIN-PN <u>27-6230536-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13279103</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MARCO FIXED INCOME GROUP TRUST

b Name of sponsor of entity listed in (a): SEGAL ADVISORS, INC

c EIN-PN <u>27-6230536-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8261145</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IBEW LOCAL UNION NO. 237 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 237 PENSION PLAN	D Employer Identification Number (EIN) 16-6094914

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	869636	820714
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	641658	413005
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	126985	28282
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5227751	2322980
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1003598	872513
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	14319792	21540247
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	574406	587951
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	27827855	25411712

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	15700	13083
f Total assets (add all amounts in lines 1a through 1e).....	1f	50607381	52010487
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	135957	109901
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	135957	109901
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50471424	51900586

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)	5016050	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5016050
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	137060	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		137060
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	21362	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		21362
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19341213	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	19238492	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		102721
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-176605	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2604100
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7817
c Other income	2c		17633
d Total income. Add all income amounts in column (b) and enter total.....	2d		7714504

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5920944	
(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)		5920944
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18600	
(5) Investment advisory and investment management fees	2i(5)	132895	
(6) Bank or trust company trustee/custodial fees	2i(6)	5013	
(7) Actuarial fees	2i(7)	51598	
(8) Legal fees	2i(8)	53310	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	102982	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		364398
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6285342

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1429162
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: **BONADIO & CO. LLP**

(2) EIN: **16-1131146**

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		5000000
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.		X	

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 521572.

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

A Name of plan IBEW LOCAL UNION NO. 237 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 237 PENSION PLAN	D Employer Identification Number (EIN) 16-6094914	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 **O'CONNELL ELECTRIC**

b EIN **16-0950645**

c Dollar amount contributed by employer **571946**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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 **FERGUSON ELECTRIC**

b EIN **16-0430730**

c Dollar amount contributed by employer **1299716**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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 **CIR ELECTRIC**

b EIN **16-1068755**

c Dollar amount contributed by employer **756673**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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 **FREY ELECTRIC**

b EIN **16-0747878**

c Dollar amount contributed by employer **400279**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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 **THE STATE GROUP INDUSTRIAL (UAS)**

b EIN **98-0361702**

c Dollar amount contributed by employer **1098543**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**I.B.E.W. LOCAL UNION NO. 237
PENSION FUND**

**Financial Statements and
Supplemental Information
as of December 31, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 7, 2025

To the Trustees of the
I.B.E.W. Local Union No. 237 Pension Fund

Opinion

We have audited the accompanying financial statements of I.B.E.W. Local Union No. 237 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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 I.B.E.W. Local Union No. 237 Pension Fund 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 I.B.E.W. Local Union No. 237 Pension Fund 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 I.B.E.W. Local Union No. 237 Pension Fund'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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

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 I.B.E.W. Local Union No. 237 Pension Fund'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 I.B.E.W. Local Union No. 237 Pension Fund'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.

Funding Status of the Plan

As discussed in Note 3 to the financial statements, the Plan's actuary has certified that the Plan is in critical and declining status because it is below the minimum funding level. However, the Plan was approved for a Multiemployer Pension Reform Act suspension effective July 1, 2020, and during the year ended December 31, 2023, the Plan received Special Financial Assistance under the American Rescue Plan, which are projected to cause the Plan to avoid insolvency. Our opinion has not been modified with respect to this matter.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of 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.

Bonadio & Co., LLP

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS:		
Common and collective trust funds	\$ 46,094,118	\$ 41,203,965
Money market funds	2,322,980	5,227,751
Limited liability company	865,789	949,963
Property trust	857,841	943,682
Registered investment companies	587,951	574,406
Limited partnership	<u>6,724</u>	<u>53,635</u>
Total investments	<u>50,735,403</u>	<u>48,953,402</u>
CASH	<u>820,714</u>	<u>869,636</u>
RECEIVABLES:		
Employer contributions	413,005	641,658
Other	<u>28,282</u>	<u>126,985</u>
Total receivables	<u>441,287</u>	<u>768,643</u>
OFFICE AND COMPUTER EQUIPMENT	15,700	15,700
Less: Accumulated depreciation	<u>(2,617)</u>	<u>-</u>
OFFICE AND COMPUTER EQUIPMENT, NET	<u>13,083</u>	<u>15,700</u>
Total assets	<u>52,010,487</u>	<u>50,607,381</u>
LIABILITIES		
Reciprocity payable	98,441	132,999
Due to related organizations	<u>11,460</u>	<u>2,958</u>
Total liabilities	<u>109,901</u>	<u>135,957</u>
Net assets available for benefits	<u>\$ 51,900,586</u>	<u>\$ 50,471,424</u>

The accompanying notes are an integral part of these statements.

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income, net:		
Net appreciation in fair value of investments	\$ 2,522,399	\$ 1,800,622
Interest and dividends	158,422	711,955
Less: Investment fees	<u>(132,895)</u>	<u>(66,774)</u>
Net investment income	<u>2,547,926</u>	<u>2,445,803</u>
Contributions:		
Employer	5,247,617	5,784,166
Union	444,996	173,588
Less: Reciprocity payments	<u>(676,563)</u>	<u>(1,223,126)</u>
Total contributions	<u>5,016,050</u>	<u>4,734,628</u>
Other income:		
PBGC special financial assistance	-	32,232,371
Other	<u>17,633</u>	<u>6,511</u>
Total other income	<u>17,633</u>	<u>32,238,882</u>
Total additions to net assets	<u>7,581,609</u>	<u>39,419,313</u>
DEDUCTIONS:		
Benefits paid to participants	<u>5,920,944</u>	<u>4,737,939</u>
Administrative expenses:		
Professional services	125,578	126,104
Administrative services	45,207	46,556
Insurance	23,838	15,645
Bank fees	5,013	4,394
Depreciation	2,617	-
Other	<u>29,250</u>	<u>6,525</u>
Total administrative expenses	<u>231,503</u>	<u>199,224</u>
Total deductions from net assets	<u>6,152,447</u>	<u>4,937,163</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,429,162	34,482,150
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>50,471,424</u>	<u>15,989,274</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 51,900,586</u>	<u>\$ 50,471,424</u>

The accompanying notes are an integral part of these statements.

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the I.B.E.W. Local Union No. 237 Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit multiemployer plan created under an agreement and declaration of trust dated May 1, 1966. The Plan, which covers all eligible members of the I.B.E.W. Local Union No. 237 (the Union) and any person working under the terms of a collective bargaining agreement (the "CBA") and within the jurisdiction of the Union, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

The Plan is administered by a Joint Board of Trustees (Trustees) consisting of members appointed by the Union and employers signatory to the CBA with the Union. The Plan has engaged an investment advisor to provide advice to the Trustees. The Plan has also engaged a custodian to hold the Plan's investments.

Participation

A member becomes a participant in the Plan on the first day of the Plan year after he or she completes at least 500 hours of vesting service during a Plan year. Alternatively, if the participant earns at least 1,000 hours of pension service during a consecutive 12-month period they will become a participant in the Plan on the next January 1 or July 1 following the 12-month period. Apprentices do not participate in the Plan until their second year of apprenticeship.

Employer Contributions

Contributions to the Plan are provided by employers signatory to the CBA with the Union. Contributions are generally based on hours worked by covered participants at the following rates per hour:

June 1, 2020 – May 26, 2024	\$	13.25
May 27, 2024 - December 31, 2024	\$	13.50

Employer contributions reported in the statements of changes in net assets available for benefits are stated net of \$676,563 and \$1,223,126 paid and payable to other funds under reciprocal agreements for the years ended December 31, 2024 and 2023, respectively.

Contributions which apply to the current year that are received in the following year are reported as employer contributions receivable at year end.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Prior to January 1, 1976, a participant will earn one year of vesting service for each Plan year in which they complete 5/8^{ths} or more of a year of pension service. On or after January 1, 1976, a participant will be credited with one year of vesting service for each Plan year in which he or she completes 1,000 hours of service. A participant is 100% vested in their pension benefit at the earliest of the following:

1. The participant satisfies the age and service requirements for a normal or early pension;
2. Completion of at least fifteen years of pension service, including at least two years of pension service earned on or after January 1, 1976;
3. Completion of at least five years of vesting service; or
4. The participant is in the Plan for at least five years and is performing work under the CBA on or after attaining age 65.

Pension service is earned as follows:

<u>Time period</u>	<u>Years of pension service earned</u>
Prior to May 1, 1966	One year is earned for each Plan year in which a participant completes 500 hours of service.
May 1, 1966 - December 31, 1975	One year is earned for each Plan year in which a participant completes 1,400 hours of service. 1/8 th of a year is earned for each 175 hours of service worked.
January 1, 1976 - December 31, 2008	.001 of a year is earned for each hour of service completed during the Plan year.
On or after January 1, 2009	.10 of a year is earned for every 100 hours of service worked with a maximum of 1.4 years of pension credit that can be earned per year.

Pension Benefits

Participants are entitled to a normal, early or disability retirement pension upon satisfying the minimum age and service requirements.

- Normal retirement - 65 years old.
- Early retirement - 55 years old and 15 years of pension service or 5 years vesting service.
- Disability retirement - Less than 55 years old with 7 years of pension service or vesting service and has completed 2,500 hours of service in the 60 months preceding the disability retirement with eligibility based on social security approval.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

The monthly pension benefit will be determined as follows: Current effective benefit rate of \$80 for each year of pension service earned on or after January 1, 2009, and \$85 for each year of pension service earned prior to December 31, 2008. Effective June 1, 2020 the benefit was reduced to \$76 for each year of pension service earned on or after January 1, 2009. Effective June 1, 2020, the benefit was reduced to \$71 for each year of pension service earned prior to December 31, 2008. Benefits were restored to their original levels during the year ended December 31, 2023 following receipt of Pension Benefit Guarantee Corporation (PBGC) Special Financial Assistance. Applicable benefit rates will be used for periods of interrupted service.

- Normal retirement - applicable benefit rate for each year of pension service.
- Early retirement - applicable benefit rate for each year of pension service reduced by .5% for each month from retirement age to age 58 and .25% for each month from the greater of retirement age and age 58 to age 60.
- Disability retirement – equal to the early retirement benefit but in no event be less than the participants accrued benefit at their normal retirement date reduced by 30%.

Death Benefit

The Plan provides for a pre-retirement survivor annuity to the spouse of a participant if the participant is eligible for early retirement and has been married for at least one year at the time of death. The eligible spouse will receive benefit payments equal to the actuarial equivalent of 100% of the monthly benefit that would have been payable to the participant under the married couple benefit based on the participant's years of service on the date of death. For deaths occurring after the notice of the Plan's critical status (see Note 3), such benefit is payable over 120 months.

Pension Benefits, Other

The Plan has several optional forms of benefits at normal and early retirement age, including an actuarially reduced married couple option of 100%, 75% and 50% payable to a surviving spouse for life, as well as a level income option that is calculated based on the participant's projected Social Security benefit.

Plan Termination

In the event of the termination of the Plan by the Trustees, all amounts credited to the affected participants' accounts shall be and remain 100% vested and shall not thereafter be subject to forfeiture, and all unallocated amounts shall be allocated to the accounts of all participants in accordance with the provisions in the Plan.

Upon the full termination of the Plan, the Trustees shall direct the distribution of the assets to participants in a manner that is consistent with and satisfies the provisions of the Plan. Distributions to a participant shall be made in cash or through the purchase of irrevocable, nontransferable deferred commitments from an insurer.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Plan Termination (Continued)

Certain benefits under the Plan are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") should the Plan become insolvent. Only those benefits which are non-forfeitable prior to termination or insolvency of the Plan are guaranteed. Benefits or benefit improvements in effect fewer than 60 months prior to termination or insolvency are not guaranteed. As a general rule, for each year of credited service under the Plan, the maximum guarantee of monthly benefits is limited to 100% of the first \$11 of the employee's accrual rate, plus 75% of the next \$33 for each year of credited service or a maximum of \$35.75 per year of credited service. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the Plan Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates and such difference may be significant.

Office and Computer Equipment, Net

Office and computer equipment are recorded at cost. Depreciation is computed on the straight-line method over the useful lives of the respective assets. The useful lives of assets range from three to seven years.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains and losses from security transactions are reported on the average cost method.

Fair Value Measurements

US GAAP 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 quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (Continued)

The three levels of fair value hierarchy under standards are described below:

Level 1: Quoted prices in active markets that are accessible at the measurement date for identical assets and liabilities.

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly and fair value is determined through the use of models or other valuation methodologies.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

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

Common and Collective Trust Funds

The fair value of the common and collective trust funds is based on the net asset value ("NAV") of the underlying assets of the fund and has been measured at fair value using the NAV practical expedient as of December 31, 2024 and 2023. These funds generally have no redemption restrictions or unfunded capital commitments.

Money Market Funds

Valued at amortized costs, which approximate fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Limited Liability Company

The Plan invests in the INDURE Build-to-Core Fund, LLC (INDURE) which is valued using the NAV practical expedient. INDURE is an open ended commingled real estate fund formed to provide potential members, principally Taft-Hartley Funds, and pension trusts, endowments, charitable foundations and certain other entities, including real estate investment trusts, a medium for pooling their funds to invest in commercial and residential real estate and real estate related assets, for the purpose of generating income and appreciation on such real estate investments. Ownership shares are valued based on the NAV of INDURE. The investment has a limitation on redemption. No more than 20% of initial aggregate amount of purchase can be redeemed during the 24-calendar month period immediately following date of issuance.

Property Trust

The Plan invests in the Multi-Employer Property Trust which is a core, open-end private equity real estate equity fund which invests in a diversified portfolio of institutional-quality real estate assets across more than 25 major U.S. metropolitan markets. Valued based on the NAV of the underlying real estate assets of the trust and has been measured at fair value using the NAV practical expedient.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Registered Investment Companies

The Plan invests in the AFL-CIO Housing Investment Trust (the Trust) which has a portfolio of securities (single family mortgaged-backed securities, government sponsored enterprise securities, and U.S. Treasury securities) which are valued by an independent pricing service, published prices, market quotes and dealer bids. The Trust is valued using NAV, which is determined as of the close of regular trading of the New York Stock Exchange on the last day of business of each calendar month. The Trust is a common law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940 as a no-load, open-end investment company. The Trust has obtained certain exemptions from the requirements of the Investment Company Act of 1940 that are described in the Trust's prospectus. Participation in the Trust is limited to eligible labor organizations and pension, welfare and retirement plans that have beneficiaries who are represented by labor organizations.

Limited Partnership

The Plan invests in the PMF Endowment TEI Fund, L.P. ("TEI Fund") whose investment objective is to preserve capital and to generate consistent long-term appreciation and returns across a market cycle (which is estimated to be five to seven years). The fair value of the TEI Fund is based on the NAV of the underlying assets of the TEI Fund and has been measured at fair value using the NAV practical expedient and generally has no redemption restrictions or unfunded capital commitments.

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

Employer Contributions Receivable

Receivables are accrued based on analysis of subsequent employer reports and remittances.

Reciprocity Receipts and Payments

The Plan is subject to reciprocity agreements with other union defined benefit plans. Contributions are collected by other defined benefit plans and remitted to the Fund. Contributions are collected by the Plan on behalf of other defined benefit plans and remitted to them. Any contributions due from or to other defined benefit plans are included in employer contributions receivables or reciprocity payable at December 31, 2024 and 2023.

Benefits Paid to Participants

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan.

Risks and Uncertainties

At times the Plan maintains cash balances over the federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on these accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties (Continued)

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

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

Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 presentation.

3. PLAN STATUS AND PBGC SPECIAL FINANCIAL ASSISTANCE

The actuarial cost method used in establishing the normal cost and actuarial accrued liability for participants is known as the "accrued benefit unit credit." The actuarial study showed that, at January 1, 2024, the actuarial accrued liability exceeded the actuarial fair value of Plan net assets by \$58,694,473. The study also disclosed the Plan's benefits security ratio (funded percentage), which is the ratio of current fair value of the Plan's net assets to the present value of vested benefits as of the valuation date, was 24.13%.

The Plan has unfunded vested benefits as of January 1, 2024 of \$57,911,502. As a result, any employer withdrawing from the Plan during the plan year ended December 31, 2024 may incur a withdrawal liability.

As required by the Pension Protection Act of 2006 and updated by the Multiemployer Pension Reform Act of 2014, the Plan's actuary completed the actuarial certification under Internal Revenue Code Section 432 as of January 1, 2021 and determined that the Plan is in "critical" status (red zone). The critical status occurs when a Plan's funded ratio is less than 65% and the Plan is projected to have an accumulated funding deficiency during the seven-year period beginning with the date the funding improvement plan ("FIP") was adopted and based on the terms of the FIP. Because the Plan is in critical status, the Board of Trustees was required to adopt a rehabilitation plan whereby the Plan will cease to be critical by the end of the rehabilitation period, which generally is 10 years. A rehabilitation plan was adopted by the Trustees in November 2013 whereby the hourly contribution rate would increase by \$0.50 through May 31, 2017, then increase by \$0.50 beginning June 1, 2018, and for each of the following years until June 1, 2020, when the rate was increased by \$0.25. The rehabilitation plan also reduces benefits by 6% per year from age 60 if retirement occurs at ages 55, 56 or 57. The 3% reduction will remain for retirements at age 58 or 59. The Plan's actuary certified that the Pension Fund remains in "critical" (red zone) status for the Plan year beginning January 1, 2024.

3. PLAN STATUS AND PBGC SPECIAL FINANCIAL ASSISTANCE (CONTINUED)

ERISA imposes a minimum funding standard that requires the Plan to maintain a Funding Standards Account. Contributions meet the legal requirement on a cumulative basis if that account shows no deficiency. The accumulation of the actual contributions in excess of the minimum required contributions under ERISA is called the credit balance; whereas should contributions fall below the minimum levels, a funding deficiency results. The Plan's actuary has advised that contributions to the Plan have not satisfied the required minimum contribution requirements. As a result of this funding deficiency, the Plan Trustees applied for relief under the Multiemployer Pension Reform Act (MPRA) to the United States Treasury Department. MPRA allows for pension plans in critical and declining statuses that meet certain criteria to reduce the benefits of active members, terminated vested participants and retirees already collecting their pensions.

On March 11, 2021, President Biden signed into law the American Rescue Plan Act of 2021 ("ARPA" or the "Act"), which, among other things, provides funding relief for certain financially distressed multiemployer defined benefit pension plans through a special financial assistance ("SFA") program administered by the PBGC. The Plan was eligible to apply for SFA as it was certified to be in critical and declining status and was insolvent. The Plan filed its application for SFA in March 2023. ARPA provides for eligible plans to receive SFA in a lump sum from the PBGC intended to equal the amount necessary to pay pension benefits, including any benefits that were suspended under the Multiemployer Pension Reform Act of 2014 or reduced under the PBGC's insolvency rules, through December 31, 2051. The Act requires that, if a plan that suspended or reduced benefits under the rules applicable to insolvent plans receives SFA, it must retroactively reinstate the previously suspended or reduced benefits to affected participants and beneficiaries.

On June 29, 2023, the PBGC approved the Plan's SFA application and awarded the Plan a total of \$31,355,499. On July 31, 2023, the Plan received a lump sum payment from the PBGC in the amount of \$32,232,371, reflecting the amount of SFA requested by the Plan and additional interest from the SFA measurement date to the date of payment.

With the SFA payment, the Plan must reinstate benefits suspended due to the insolvency of the Plan and pay an amount equal to the sum of previously suspended monthly pension payments. The payment reinstated benefits for the period of July 1, 2020 through June 30, 2023. These payments began on July 1, 2023 and will continue through June 30, 2028.

The Plan is required to track SFA and non-SFA net assets available for benefits. The following is a reconciliation of net assets available for benefits from SFA as of December 31, 2024 and 2023:

Special financial assistance received July 31, 2023	\$ 32,232,371
Less: Distributions	(991,832)
Plus: Investment earnings	<u>567,532</u>
Net assets available for benefits from SFA at December 31, 2023	\$ 31,808,071
Less: Distributions	(5,920,944)
Less: PBGC premium	(16,353)
Plus: Investment earnings	<u>790,102</u>
Net assets available for benefits from SFA at December 31, 2024	<u>\$ 26,660,876</u>

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employee's compensation during each year of credited service.

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is the liability for pension benefits that have been earned on the basis of each participant's service history as of the valuation date. Calculation of the actuarial present value of accumulated benefits was made by the consulting actuaries Cowden Associates. The significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

Mortality	<p>Healthy: Pri-2012 Blue Collar with generational projection by Scale MP-2021</p> <p>Disabled: SOA Pri-2012 Total DataSet Disabled Mortality Table with generational projection by Scale MP-2021</p>																				
Investment Yield	7%																				
Turnover	<p>Based on age as follows:</p> <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">< 25</td> <td style="text-align: center;">4.35%</td> <td style="text-align: center;">40-44</td> <td style="text-align: center;">3.68%</td> </tr> <tr> <td style="text-align: center;">25-29</td> <td style="text-align: center;">3.73%</td> <td style="text-align: center;">45-49</td> <td style="text-align: center;">4.42%</td> </tr> <tr> <td style="text-align: center;">30-34</td> <td style="text-align: center;">5.31%</td> <td style="text-align: center;">50-54</td> <td style="text-align: center;">3.86%</td> </tr> <tr> <td style="text-align: center;">35-39</td> <td style="text-align: center;">4.71%</td> <td style="text-align: center;">55+</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	< 25	4.35%	40-44	3.68%	25-29	3.73%	45-49	4.42%	30-34	5.31%	50-54	3.86%	35-39	4.71%	55+	100%
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>																		
< 25	4.35%	40-44	3.68%																		
25-29	3.73%	45-49	4.42%																		
30-34	5.31%	50-54	3.86%																		
35-39	4.71%	55+	100%																		
Disability	1973 Disability Model, Transactions of Society of Actuaries, XXVI.																				
Costing Method	Accrued Benefit Unit Credit																				
Asset Valuation Method	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.																				

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Age at Pension

Based on age as follows:

Age	Active Rate		Terminated Rate	
	Service < 5	Service ≥ 5	Service < 5	Service ≥ 5
55	-	15%		25%
56-57	-	10%		-
58	-	5%		-
59	-	40%		-
60	-	25%		50%
61	-	30%		-
62	-	75%		25%
63-64	-	100%		-
65	100%	100%	100%	100%

Terminated vested participants are assumed to retire at age 65.

Percent Married

80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.

5. STATEMENT OF ACCUMULATED PLAN BENEFITS

At January 1, 2024, the actuarial present value of accumulated plan benefits and changes in accumulated plan benefits from the previous actuarial valuation were as follows:

Vested benefits:

Participants currently receiving payments	\$ 46,788,364
Active participants	19,614,458
Separated vested benefits	<u>9,456,022</u>
Total vested benefits	75,858,844

Nonvested benefits 1,498,982

Actuarial present value of accumulated plan benefits
January 1, 2024 \$ 77,357,826

Actuarial present value of accumulated plan benefits
January 1, 2023 \$ 60,298,916

Increase/(decrease) during the year attributable to:

Benefits accumulated	2,232,932
Benefits paid	(4,737,939)
Plan amendments	15,506,016
Decrease in discount period	<u>4,057,901</u>

Actuarial present value of accumulated plan benefits
January 1, 2024 \$ 77,357,826

6. FAIR VALUE MEASUREMENTS

The following table sets forth, by level within the fair value hierarchy, the Plan's investments reported at fair value as of December 31, 2024:

December 31, 2024	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 2,322,980	\$ -	\$ 2,322,980	\$ -
Investments measured at NAV (a)	<u>48,412,423</u>			
Total investments	<u>\$ 50,735,403</u>	<u>\$ -</u>	<u>\$ 2,322,980</u>	<u>\$ -</u>
December 31, 2023	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 5,227,751	\$ -	\$ 5,227,751	\$ -
Investments measured at NAV (a)	<u>43,725,651</u>			
Total investments	<u>\$ 48,953,402</u>	<u>\$ -</u>	<u>\$ 5,227,751</u>	<u>\$ -</u>

(a) Certain investments measured at fair value using the net asset per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the statements of net assets available for benefits.

7. RELATED PARTY TRANSACTIONS

An employee of the Union and employees of the I.B.E.W. Local Union No. 237 Health and Welfare Fund (Health Fund) perform various administrative and clerical functions for the Pension Fund and the I.B.E.W. Local Union No. 237 Annuity Fund (Annuity Fund). In addition, the Health Fund pays certain allocable administrative expenses which are reimbursed by the Plan and the Annuity Fund periodically during the year. All such expenses are allocated among the funds based on management estimates. The Plan's share of allocated expenses totaled \$45,207 and \$46,556 for the years ended December 31, 2024 and 2023, respectively.

8. PARTY-IN-INTEREST TRANSACTIONS

Segal Marco Advisors ("Segal Marco") provides investment advisory services to the Plan and therefore these transactions qualify as "party in interest". The Plan maintains a portion of its investments in various Marco Consulting Group common collective trust funds and therefore these transactions qualify as "party in interest". At December 31, 2024 and 2023 the value of the Plan's investments held in such common collective trusts totaled \$21,540,248 and \$14,319,792, respectively. Such amounts represent 42.46% and 29.25% of the Plan's total investments at December 31, 2024 and 2023, respectively. Fees paid by the Plan to Segal Marco for investment advisory services amounted to approximately \$97,000 and \$45,000 for the years ended December 31, 2024 and 2023, respectively.

Wilmington Trust provides custodial services to the Plan and therefore these transactions qualify as "party in interest". The Plan maintains a portion of its investments in money market funds that are sponsored by Wilmington Trust that qualify as "party in interest". Such amounts totaled \$2,322,980 and \$5,227,751 as of December 31, 2024 and 2023, respectively. Fees paid to Wilmington Trust amounted to approximately \$35,549 and \$9,500 for the years ending December 31, 2024 and 2023.

9. TAX STATUS

The IRS has determined and informed the Plan sponsor that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were made available to be issued.

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND
EIN: 16-6094914
PLAN NO. 001

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Common and collective trust funds:			
*	MCG Group Trust Equity	Common and Collective Trust Fund	\$ 7,034,759	\$ 13,279,103
*	MCG Group Trust Fixed Income	Common and Collective Trust Fund	7,851,649	8,261,145
	PIMCO Multiemployer ARPA/SFA CIT	Common and Collective Trust Fund	<u>24,106,054</u>	<u>24,553,870</u>
	Common and collective trust funds		<u>38,992,462</u>	<u>46,094,118</u>
	Money market funds:			
*	Wilmington US Government	Money Market Fund	2,322,980	2,322,980
	Limited liability company:			
	INDURE Build-to-Core Fund, LLC	Limited Liability Company	648,750	865,789
	Property trust:			
	Multi-Employer Property Trust	Property Trust	676,338	857,841
	Registered investment companies:			
	AFL-CIO Housing Investment Trust	Common Law Trust	659,615	587,951
	Limited partnership:			
	PMF Endowment TEI Fund, L.P.	Limited Partnership	<u>15,820</u>	<u>6,724</u>
	Total Assets (End of Year)		<u>\$ 43,315,965</u>	<u>\$ 50,735,403</u>

* Denotes party-in-interest

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND
 EIN: 16-6094914
 PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Cost of Asset	Current value of Asset on Transaction Date	Net Gain/ (Loss)
Single Transaction in Excess of 5% of Plan Assets Involving Securities of the Same Issue								
M&T Investment Group	Wilmington US Government Money Market	1	\$ 3,000,000			\$ 3,000,000	\$ 3,000,000	N/A
M&T Investment Group	PIMCO Multiemployer ARPA/SFA CIT			1	\$ 3,000,000	\$ 2,881,531	\$ 3,000,000	\$ 118,469
Series of Transactions Involving Securities of the Same Issue in Excess of 5% of Plan Assets								
M&T Investment Group	MCG Group Trust Fixed Income	8	\$ 3,310,000			\$ 3,310,000	\$ 3,310,000	N/A
M&T Investment Group	Wilmington US Government Money Market	86	\$ 13,399,452			\$ 13,399,452	\$ 13,399,452	N/A
M&T Investment Group	Wilmington US Government Money Market			33	\$ 16,304,227	\$ 16,304,227	\$ 16,304,227	N/A
M&T Investment Group	PIMCO Multiemployer ARPA/SFA CIT			1	\$ 3,000,000	\$ 2,881,531	\$ 3,000,000	\$ 118,469

Plan Provisions

Effective January 1, 1976
As Restated Effective January 1, 2014

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

The restoration of benefits due to the receipt of SFA in July 2023 has been reflected in this valuation.

Participation The first day of the Plan Year in which at least 500 hours of Vesting Service is earned.

Credited Employment Prior to May 1, 1966, one year of Pension Service for each Plan Year with at least 500 Hours of Service.

From May 1, 1966 through December 31, 1975, one year of Pension Service for each Plan Year with at least 1,400 Hours of Service. If less than 1,400 Hours of Service, 1/8 year of Pension Service for each 175 Hours of Service.

From January 1, 1976 through December 31, 2008, 0.001 years of Pension service for each Hour of Service.

After January 1, 2008, 0.1 year of Pension Service for every 100 Hours of Service, limited to 1.4 years of Pension Service per Plan Year. For members earning less than the Basic Journeyman's hourly rate, service is credited on a proportional basis.

Accrued Benefit A monthly benefit equal to \$85 for each year of Pension Service earned prior to January 1, 2009, \$80 for each year of Pension Service earned prior to July 1, 2020, and \$76 for each year of Pension Service earned thereafter.

Normal Retirement Eligibility: Age 65.
Benefit: The Accrued Benefit.

Early Retirement Eligibility: Age 55 with 15 years of Pension Service or 5 years of Vesting Service.
Benefit: The Accrued Benefit reduced by 0.5% for each month from retirement age to age 58 and 0.25% for each month from the greater of retirement age and age 58 to age 60.

Vested Termination Eligibility: Five Years of Vesting Service.
Benefit: The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions. If a participant does not have at least 2,500 hours worked in the 60 months prior to retirement, then the reduction is full actuarial equivalence from Normal Retirement Age.

Plan Provisions (continued)

Disability Retirement

Eligibility: Total and Permanent Disability at any age with at least 7 years of Pension Service or Vesting Service with eligibility based on Social Security approval.

Benefit: The Accrued Benefit at the date of disability payable immediately without reduction.

Pre-Retirement Death

Upon the death of an active participant before retirement but after eligibility for early retirement, the surviving spouse will receive 50% of the amount the participant would have received, had the participant retired and elected this option.

Upon the death of an active participant who was ineligible for, or who waived rights to the benefit in the previous paragraph, the beneficiary shall receive the excess of 100% of contributions over the total amount of any pension payments made prior to death.

Method of Payment

The normal form of benefit is a Straight-Life Annuity. A level Income Option and 50%, 75%, and 100% Joint and Survivor Annuity benefits are provided on an actuarially reduced basis.

Contributions

The projections reflect the contribution rates included in the current Collective Bargaining Agreement as follows:

Effective May 29, 2017 - \$12.75
Effective May 28, 2018 - \$13.25
Effective June 1, 2020 - \$13.50
Effective May 27, 2024 - \$13.66

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND
EIN: 16-6094914
PLAN NO. 001

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
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	Property trust:			
	Multi-Employer Property Trust	Property Trust	676,338	857,841
	Registered investment companies:			
	AFL-CIO Housing Investment Trust	Common Law Trust	659,615	587,951
	Limited partnership:			
	PMF Endowment TEI Fund, L.P.	Limited Partnership	<u>15,820</u>	<u>6,724</u>
	Total Assets (End of Year)		<u>\$ 43,315,965</u>	<u>\$ 50,735,403</u>

* Denotes party-in-interest

Age and Service Distribution

Attained Age	Years of Service (elapsed time service from hire)										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	6	12	1	0	0	0	0	0	0	0	19
25-30	5	12	12	1	0	0	0	0	0	0	30
30-35	4	16	10	10	2	0	0	0	0	0	42
35-40	2	8	3	4	5	2	0	0	0	0	24
40-45	4	1	2	2	5	5	1	3	0	0	23
45-50	0	1	0	1	3	3	1	4	3	0	16
50-55	0	2	0	2	2	1	1	3	5	8	24
55-60	1	0	3	2	2	1	3	3	3	11	29
60-65	1	0	0	0	1	0	1	2	2	4	11
65-70	0	0	0	0	0	0	1	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
unknown	0	0	0	0	0	0	0	0	0	0	0
Total	23	52	31	22	20	12	8	15	13	23	219

IBEW Local Union No. 237 Pension Plan

EIN/PN: 16-6094914/001

Attachment to Form 5500

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

PPA Funded Percentage and Projection of Credit Balance

• Projection of Liability to January 1, 2024		
○ Actuarial Accrued Liability, January 1, 2024	\$	60,298,916
○ Normal Cost		723,661
○ Estimated Benefit Payments		(4,640,811)
○ Interest at 7.00% to End of Year		4,095,616
○ Plan Change for reinstating MPRA cuts		14,231,914
• Estimated Actuarial Accrued Liability, January 1, 2024		74,709,296
• Estimated Actuarial Value of Plan Assets, January 1, 2024		18,473,541
• Funded Percentage (Ratio of Assets to Liabilities), January 1, 2024		24.72%
• Projection of Estimated Credit Balance		
○ December 31, 2023	\$	(36,070,000)
○ December 31, 2024		(41,950,000)
○ December 31, 2025		(47,040,000)
○ December 31, 2026		(51,520,000)
○ December 31, 2027		(51,820,000)
○ December 31, 2028		(51,310,000)
○ December 31, 2029		(49,960,000)
○ December 31, 2030		(47,860,000)
○ December 31, 2031		(45,360,000)

IBEW Local Union No. 237 Pension Plan

EIN/PN: 16-6094914/001

Attachment to Form 5500

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

Zone Status Determination

Y or N

Critical Status – Red zone if any of a), b), c), d) or e) apply

- | | |
|---|---|
| a) Is the Plan's Funded Percentage less than 65% and the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 6 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 6 plan years? | N |
| b) Does the plan have an accumulated funding deficiency (negative credit balance) in any of the current or following 3 plan years (4 plan years if the Funded Percentage is 65% or less), without reflecting amortization extensions? | Y |
| c) Each of the following are applicable. | |
| i) The Plan's normal cost plus interest on unfunded liability exceeds the present value of anticipated employer and employee contributions for the year. | N |
| ii) The present value of nonforfeitable benefits of inactive participants is greater than the present value of nonforfeitable benefits for active participants. | Y |
| iii) The plan has an accumulated funding deficiency (negative credit balance) in any of the current or following 4 plan years, without reflecting amortization extensions. | Y |
| Do all apply? | N |
| d) Is the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 4 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 4 plan years? | N |
| e) Special Financial Assistance application approved and provided by PBGC | Y |

Critical and Declining Status – both a) and b) apply

- | | |
|--|---|
| a) Does the Plan meet the criteria above for Critical Status? | Y |
| b) Is the Plan projected to become insolvent within the current or following 14 plan years (19 plan years if the ratio of inactive to active participants is at least 2:1 or if the plan is less than 80% funded)? | N |

Endangered Status – Yellow zone if a) does not apply and either b) or c) apply. Orange zone if not a) and both b) and c) apply.

- | | |
|--|---|
| a) Is the Plan in either Critical or Critical and Declining Status? | Y |
| b) Is the Plan's Funded Percentage less than 80%? | Y |
| c) Is the Plan projected to have an accumulated funding deficiency (negative credit balance) in any of the current or following 6 plan years (reflecting any amortization extensions)? | Y |

Conclusion

Critical Status

Schedule of Amortization Bases

MINIMUM FUNDING	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
Charges					
Combined Charges	\$	1/1/2002	3.0	\$ 9,302,672	\$ 3,312,898
Experience Loss 05		1/1/2005	1.0	324,286	324,286
Experience Loss 06		1/1/2006	2.0	287,111	148,409
ENIL Loss		1/1/2009	14.0	2,497,926	266,939
Experience Loss 10		1/1/2010	1.0	170,724	170,724
Experience Loss 11		1/1/2011	2.0	205,690	106,323
Experience Loss 12		1/1/2012	3.0	649,182	231,191
Experience Loss 13		1/1/2013	4.0	281,690	77,722
Experience Loss 14		1/1/2014	5.0	211,108	48,117
Experience Loss 15		1/1/2015	6.0	1,122,078	220,006
Assumptions Change 16	3,159,250	1/1/2016	7.0	1,869,379	324,176
Assumption Change 17	5,153,079	1/1/2017	8.0	3,378,442	528,767
Experience Loss 17	4,026,716	1/1/2017	8.0	2,639,978	413,189
Experience Loss 18	606,941	1/1/2018	9.0	434,171	62,279
Experience Loss 20	1,143,456	1/1/2020	11.0	941,423	117,332
Experience Loss 22	2,754,250	1/1/2022	13.0	2,527,368	282,619
Assumption Change 22	130,427	1/1/2022	13.0	119,684	13,383
Experience Loss 23	154,729	1/1/2023	14.0	148,572	15,877
Experience Loss 24	558,932	1/1/2023	15.0	558,932	57,353
Plan Change 24	15,506,016	1/1/2024	15.0	<u>15,506,016</u>	<u>1,591,100</u>
Subtotal				\$ 43,176,432	\$ 8,312,690
Credits					
Asset Method Change 03	\$	1/1/2003	14.0	\$ 665,588	\$ 71,129
Special Asset Valuation		1/1/2009	15.0	1,668,410	171,199
ENIL Gain 10		1/1/2010	14.0	948,905	101,405
Experience Gain 16		1/1/2016	7.0	421,640	73,119
Assumption Change 18	2,136,614	1/1/2018	9.0	1,528,399	219,242
Experience Gain 19	29,385	1/1/2019	10.0	22,663	3,015
Experience Gain 21	1,634,657	1/1/2021	12.0	1,425,527	167,735
Plan Change 21	16,638,266	1/1/2021	12.0	<u>14,509,639</u>	<u>1,707,282</u>
Subtotal				\$ 21,190,771	\$ 2,514,126
Net Amortization Balance and Payment				\$ 21,985,661	\$ 5,798,564
Credit Balance as of January 1, 2024				(35,925,841)	
Unfunded Liability				\$ 57,911,502	
MAXIMUM FUNDING					
	<u>Initial</u> <u>Amount</u>	<u>Payment</u>	<u>Balance</u>	<u>Limit</u> <u>Adjustment</u>	
Fresh Start 2024	\$57,911,502	\$ 7,705,883	\$ 57,911,502	\$ 7,705,883	
Subtotal			\$ 57,911,502	\$ 7,705,883	

Changes Since Last Year

Plan Changes

Receipt of the Special Financial Assistance (SFA) under the American Rescue Plan Act (ARPA) and restoration and reinstatement of MPRA benefit reductions are reflected in this valuation.

Method Changes

None

Assumption Changes

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

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

Actuarial Methods and Assumptions

As of January 1, 2024

Interest Rates	Minimum/Maximum Funding	<u>Current Year</u>	<u>Prior Year</u>		
	Present Value of Accrued Benefits	7.00%	7.00%		
Mortality	Healthy:	Pri-2012 Blue Collar with generational projection by Scale MP-2021			
	Disabled:	SOA Pri-2012 Total Dataset Disabled Mortality Table with generational projection by Scale MP-2021			
Withdrawal Liability	Interest Rate:	Same as Funding calculations			
	Mortality:	Same as Funding calculations			
	Methodology:	Presumptive Method			
	Asset Valuation:	Actuarial Value			
Turnover	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	
	<25	4.35%	40-44	3.68%	
	25-29	3.73%	45-49	4.42%	
	30-34	5.31%	50-54	3.86%	
	35-39	4.71%	55+	100%	
Retirement	Based on age and service as follows:				
		If Active		If Terminated	
		<u>Service</u>	<u>Service</u>	<u>Service</u>	<u>Service</u>
	<u>Age</u>	<u>< 5</u>	<u>>= 5</u>	<u>< 5</u>	<u>>= 5</u>
	55	-	0.15	-	0.25
	56	-	0.10	-	-
	57	-	0.10	-	-
	58	-	0.05	-	-
	59	-	0.40	-	-
	60	-	0.25	-	0.50
	61	-	0.30	-	-
	62	-	0.75	-	0.25
	63	-	1.00	-	-
	64	-	1.00	-	-
	65	1.00	1.00	1.00	1.00

Actuarial Methods and Assumptions (continued)

Disability 1973 Disability Model, Transactions of Society of Actuaries, XXVI. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
25	0.0008
35	0.0012
45	0.0032
55	0.0122

Expenses Administrative expenses, expressed as of the beginning of the year, are assumed to be prior year non-investment related expenses, and increasing by 2.5% for inflation each year thereafter.

Percent Married 80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.

Asset Valuation Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.

Incomplete Data One Active Nonvested participant with less than one year of service was assumed to have a date of hire of 1/1/2023.
Three Survivors and one Active Nonvested participant with missing date of birth were assumed to have a date of birth equal to the average date of birth in the respective status.
One Terminated Vested participant with missing date of birth was assumed to be 30 years old on date of hire.

Benefit Accrual Rate Pension credits and expected contributions were projected on the assumption that all active participants would work annual hours equal to the average of the prior three years, with contribution rates set forth in the current collective bargaining agreement(s).

Actuarial Methods and Assumptions (continued)

Calculation of Actuarial Present Value of Accrued Plan Benefits The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.

Projected Industry Activity For the purpose of the credit balance projection, future covered employment for 2024 and beyond has been estimated to be 262,000 total hours per year. This assumption has been set with input from the Board of Trustees.

Models Used in Preparing Results Acrisure uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation, and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

Additionally, projections reflect models developed and maintained by Acrisure. These models generally follow accepted actuarial principles and reflect required Internal Revenue Code and Regulations requirements in determining estimated future funded status and potential outcomes for the Funds being modeled. Outcomes from the modeling process are generally determined by the current Fund position and inputs regarding future economic assumptions and plan participant behavior and demographics.

Based on our experience, because of the detailed structure provided by Code and Regulations, we anticipate that other practitioners using similar data and assumptions would provide results that are materially similar to the outcome from our models. We have developed the models internally and are familiar with its parameters and how it functions. In addition, the results are continually reviewed across our multiemployer client base by a group of qualified actuaries and other technical staff.

I.B.E.W. LOCAL UNION NO. 237 PENSION FUND

EIN: 16-6094914

PLAN NO. 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party</u>	<u>Description</u>	<u>Number of Purchase Transactions</u>	<u>Purchase Price</u>	<u>Number of Sales Transactions</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current value of Asset on Transaction Date</u>	<u>Net Gain/ (Loss)</u>
Single Transaction in Excess of 5% of Plan Assets Involving Securities of the Same Issue								
M&T Investment Group	Wilmington US Government Money Market	1	\$ 3,000,000			\$ 3,000,000	\$ 3,000,000	N/A
M&T Investment Group	PIMCO Multiemployer ARPA/SFA CIT			1	\$ 3,000,000	\$ 2,881,531	\$ 3,000,000	\$ 118,469
Series of Transactions Involving Securities of the Same Issue in Excess of 5% of Plan Assets								
M&T Investment Group	MCG Group Trust Fixed Income	8	\$ 3,310,000			\$ 3,310,000	\$ 3,310,000	N/A
M&T Investment Group	Wilmington US Government Money Market	86	\$ 13,399,452			\$ 13,399,452	\$ 13,399,452	N/A
M&T Investment Group	Wilmington US Government Money Market			33	\$ 16,304,227	\$ 16,304,227	\$ 16,304,227	N/A
M&T Investment Group	PIMCO Multiemployer ARPA/SFA CIT			1	\$ 3,000,000	\$ 2,881,531	\$ 3,000,000	\$ 118,469

The accompanying notes are an integral part of these schedules.

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.29%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	9P	9P
(2) Females	9PF	9PF
d Valuation liability interest rate	7.00%	7.00%
e Salary scale	% <input type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	199,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	558,932	57,353
3	15,506,016	1,591,100

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	35,925,841
b Employer's normal cost for plan year as of valuation date		9b	941,913
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	43,176,432	8,312,690
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c		9d	3,162,631
e Total charges. Add lines 9a through 9d		9e	48,343,075
Credits to funding standard account:			
f Prior year credit balance, if any		9f	0
g Employer contributions. Total from column (b) of line 3		9g	5,016,050
h Amortization credits as of valuation date		Outstanding balance	
	9h	21,190,771	2,514,126
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	323,059
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	18,711,498	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	88,474,529	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	7,853,235
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	40,489,840
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10	40,489,840
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No