

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan MARYLAND ELECTRICAL INDUSTRY PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/29/1971
2a Plan sponsor's name (employer, if for a single-employer plan) MARYLAND ELECTRICAL IND PENSION
2b Employer Identification Number (EIN) 52-1057284
2c Plan Sponsor's telephone number 304-525-0331
2d Business code (see instructions) 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. SIGN HERE, Filed with authorized/valid electronic signature, 10/07/2025, MICHAEL J. MCHALE; 2. SIGN HERE, Filed with authorized/valid electronic signature, 10/12/2025, RONALD N. MICHAEL III; 3. SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	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	3776
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)	1784
	6a(2)	1868
	6b	1011
	6c	728
	6d	3607
	6e	210
	6f	3817
	6g(1)	
6g(2)		
6h		63
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	121

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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>MARYLAND ELECTRICAL INDUSTRY 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>MARYLAND ELECTRICAL IND PENSION</u>	D Employer Identification Number (EIN) <u>52-1057284</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>267608274</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>291612657</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>328005657</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>301763144</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>504271322</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>11580801</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>20236288</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>20986288</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	
Signature of actuary	Date
<u>ANDREW PERROTTA, FCA, MAAA, EA</u>	<u>10/06/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>SEGAL</u>	<u>23-08762</u>
Firm name	Telephone number (including area code)
<u>1800 M STREET NW, SUITE 900 S WASHINGTON, DC 20036-5880</u>	<u>202-833-6400</u>
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	267608274
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1169	230095149
(2) For terminated vested participants	864	69875291
(3) For active participants:		
(a) Non-vested benefits		24419791
(b) Vested benefits		179881091
(c) Total active	1648	204300882
(4) Total	3681	504271322
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.07 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	15673733	0			
			Totals ▶	3(b)	3(c)
				15673733	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	96.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	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 type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.9 %
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)	750000
(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
4	174728	17929
3	1100000	1100000
1	4140347	424848

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	0
b Employer's normal cost for plan year as of valuation date.....	9b	3018297

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a		%
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)		
(2) Females	6c(2)		
d Valuation liability interest rate	6d	%	%
e Salary scale	6e	%	<input type="checkbox"/> N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	<input 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)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		%
h Estimated investment return on current value of assets for year ending on the valuation date	6h		%
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)		
(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
3	4813857	493959

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 type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input 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 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 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	
b Employer's normal cost for plan year as of valuation date.....	9b	

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)	102192193	17074075
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1406466
e Total charges. Add lines 9a through 9d.....	9e		21498838
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		39263351
g Employer contributions. Total from column (b) of line 3.....	9g		15673733
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	26535202	4961944
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		3598637
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	109866563	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	170756559	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		63497665
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		41998827
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(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)		0
(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		
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 MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARYLAND ELECTRICAL IND PENSION	D Employer Identification Number (EIN) 52-1057284	

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

AFL-CIO HIT

52-6220193

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

APOGEM CAPITAL, LLC

85-1664787

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

AQR CAPITAL MANAGEMENT, LLC

**ONE GREENWICH PLAZA
GREENWICH, CT 06830**

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

COLUMBIA PARTNERS PRIVATE CAPITAL

47-2311626

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

GREAT GRAY TRUST COMPANY, LLC

52-6328901

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

HAMILTON LANE ADVISORS, L.L.C.

23-2962336

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

JOHN HANCOCK TRUST COMPANY

45-2395022

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

NB ALTERNATIVES ADVISERS LLC

30-0536163

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

NEWTOWER TRUST COMPANY

30-0872552

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

T. ROWE PRICE

52-1309931

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

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)

AMERICAN BENEFIT CORPORATION

31-1368946

(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 12 14 50	NONE	271576	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)

THE SEGAL COMPANY

13-1835864

(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 16 17 50	NONE	164144	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)

ABATO, RUBENSTEIN AND ABATO P.A.

52-0904713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	122931	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)

INTECH INVESTMENT MANAGEMENT, LLC

20-0055624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	104604	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)

NATIONAL REAL ESTATE ADVISORS

26-2237421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	100800	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)

ZENITH AMERICAN SOLUTIONS

5565 STERRETT PL
#205
COLUMBIA, MD 21044

(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?
12 14 50	NONE	85310	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	81525	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)

INCOME RESEARCH + MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	65716	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)

ASB CAPITAL MANAGEMENT

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57436	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

JOHNSON PRINTING COMPANY

1948 GREEN VALLEY ROAD
HUNTINGTON, WV 25701

(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?
36 50	NONE	52684	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)

SEGAL MARCO ADVISORS

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 50	NONE	48500	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)

PNC INSTITUTIONAL INVESTMENTS

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	40443	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)

M&T BANK

16-0538020

(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?
21 50	NONE	35368	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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25206	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)

THE NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	7562	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"/>

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:	CALIBRE CPA GROUP PLLC	b EIN:	47-0900880
c Position:	AUDITOR		
d Address:	7501 WISCONSIN AVENUE SUITE 1200W BETHESDA, MD 20814	e Telephone:	866-464-2839

Explanation: A NEW PLAN AUDITOR WAS SELECTED AS A RESULT OF A COMPETITIVE BIDDING PROCESS.

a Name:	DANIEL J. CARTER	b EIN:	13-1835864
c Position:	ENROLLED ACTUARY		
d Address:	1800 M STREET NW SUITE 900 S WASHINGTON, DC 20036-5880	e Telephone:	202-833-6400

Explanation: THERE WAS A CHANGE IN ENROLLED ACTUARY DUE TO A REASSIGNMENT WITHIN THE ACTUARIAL FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MARYLAND ELECTRICAL INDUSTRY 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>MARYLAND ELECTRICAL IND PENSION</u>	D Employer Identification Number (EIN) <u>52-1057284</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21938840</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 VALUE</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-098</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18576162</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR&M CORE BOND FUND II LLC</u>		
b Name of sponsor of entity listed in (a): <u>INCOME RESEARCH & MANAGEMENT</u>		
c EIN-PN <u>27-1803513-001</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>18125480</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIXED INCME</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14990557</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST COMPANY MEPT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7824734</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES MULTISECTOR FULL DISC</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7369393</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5369296</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TRUST CO STRATEGIC FIXED INCOME

b Name of sponsor of entity listed in (a): JOHN HANCOCK TRUST COMPANY COLLECTIVE INVESTMENT TRUST

c EIN-PN 45-2395022-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4995318
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4915128
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTECH US LARGE CAP GROWTH FUND

b Name of sponsor of entity listed in (a): INTECH INVESTMENT MANAGEMENT, LLC

c EIN-PN 20-0055624-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARYLAND ELECTRICAL IND PENSION	D Employer Identification Number (EIN) 52-1057284

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	2171300	1376300
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1671623	1796501
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1412	1412
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	107997	3953800
(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)	247848	243146
(5) Partnership/joint venture interests	1c(5)	64802603	91488284
(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)	79626127	85979428
(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)	37106535	18125480
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	82029580	86474019
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	267765025	289438370
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	156751	1302692
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	156751	1302692
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	267608274	288135678

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)	15673733	
(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)		15673733
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	90986	
(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)	322804	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		413790
(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)	671910	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		671910
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	26179232	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15666454	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		10512778
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3238711	
(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)		8212180
(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)		224009
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4773681
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		43720792

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21769694	
(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)		21769694
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)	325209	
(3) Recordkeeping fees	2i(3)	1062	
(4) IQPA audit fees	2i(4)	25206	
(5) Investment advisory and investment management fees	2i(5)	466144	
(6) Bank or trust company trustee/custodial fees	2i(6)	75811	
(7) Actuarial fees	2i(7)	164144	
(8) Legal fees	2i(8)	122931	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13878	
(11) Other expenses	2i(11)	229309	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1423694
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23193388

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20527404
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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		500000
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		206627101
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563486.

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 MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARYLAND ELECTRICAL IND PENSION	D Employer Identification Number (EIN) 52-1057284	

Part I	Distributions
---------------	----------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 FREESTATE BALTIMORE LLC - 24		
b	EIN 81-1646155	c	Dollar amount contributed by employer 1899512
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 4.70		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer LOCAL 0026 PN - 24		
b	EIN 52-6117919	c	Dollar amount contributed by employer 1765786
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 6.90		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer HATZEL & BUEHLER INC - 24		
b	EIN 52-1057284	c	Dollar amount contributed by employer 1196036
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 4.70		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer POWER SOLUTIONS - 24		
b	EIN 52-2100793	c	Dollar amount contributed by employer 799150
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 4.70		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer ROSENDIN ELECTRIC INC - 24		
b	EIN 94-1242813	c	Dollar amount contributed by employer 796311
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 4.70		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer EASI - 24		
b	EIN 52-1460501	c	Dollar amount contributed by employer 518717
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 4.70		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer S&S ELECTRIC INC - 307

b EIN 55-0738947 **c** Dollar amount contributed by employer 497375

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 2027

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) 4.60

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

a Name of contributing employer BROWN & HEIM, INC. - 24

b EIN 52-0257020 **c** Dollar amount contributed by employer 494151

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) 4.70

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

a Name of contributing employer MALSTROM ELECTRIC - 24

b EIN 52-1773911 **c** Dollar amount contributed by employer 488482

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) 4.70

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

a Name of contributing employer FREESTATE BALTIMORE LLC - 307

b EIN 81-1646155 **c** Dollar amount contributed by employer 473687

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 2027

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) 4.60

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1807
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	2228
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	2148

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	0.81
b The corresponding number for the second preceding plan year	15b	0.84

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: 47.00 % Private Equity: 10.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.00 %
 High-Yield Debt: 0.00 % Real Assets: 9.00 % Cash or Cash Equivalents: 1.00 % Other: 13.00 %

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 _____.

**Maryland Electrical Industry Pension Fund
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

Maryland Electrical Industry Pension Fund
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December 31, 2024 and 2023

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Independent Auditor's Report

To the Trustees and Participants of
Maryland Electrical Industry Pension Fund:

Opinion

We have audited the financial statements of the Maryland Electrical Industry Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and the changes in net assets available for benefits for the year then ended of the Maryland Electrical Industry Pension Fund in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Maryland Electrical Industry 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 the Maryland Electrical Industry 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.

Other Matter - 2023 Financial Statements

The financial statements of the Maryland Electrical Industry Pension Fund as of December 31, 2023, were audited by other auditors whose report dated January 15, 2025, expressed an unmodified opinion on those statements.

Withum Smith & Brown, PC

October 8, 2025

Maryland Electrical Industry Pension Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents	\$ 1,376,300	\$ 2,171,300
Investments at fair value	286,264,157	263,920,690
Receivables		
Employer contributions, net of allowance for credit losses	1,796,501	1,671,623
Other receivables	1,412	1,412
Total receivables	<u>1,797,913</u>	<u>1,673,035</u>
Total assets	<u>289,438,370</u>	<u>267,765,025</u>
Liabilities		
Accounts payable and accrued expenses	1,227,080	156,751
Amounts due from other plans under reciprocal agreements	75,612	-
Total liabilities	<u>1,302,692</u>	<u>156,751</u>
Net assets available for benefits	<u>\$ 288,135,678</u>	<u>\$ 267,608,274</u>

The Notes to Financial Statements are an integral part of these statements.

Maryland Electrical Industry Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income, net		
Net appreciation in fair value of investments	\$ 26,961,359	\$ 17,712,907
Interest and dividends	1,085,700	2,748,444
Less: Investment expenses	(493,455)	(531,392)
Total investment income, net	<u>27,553,604</u>	<u>19,929,959</u>
Employer contributions	15,673,733	13,368,934
Total additions	<u>43,227,337</u>	<u>33,298,893</u>
Deductions		
Benefits paid to participants	21,769,694	20,320,419
Administrative expenses		
Administration fees	325,209	299,921
Consulting	168,134	99,480
Insurance	167,613	174,485
Legal	122,931	96,733
Office supplies	56,060	31,929
Actuarial fee	48,146	96,759
Audit fees	26,268	32,023
Conferences and meetings	13,878	12,106
Other	2,000	5,358
Total administrative expenses	<u>930,239</u>	<u>848,794</u>
Total deductions	<u>22,699,933</u>	<u>21,169,213</u>
Net change in net assets available for benefits	20,527,404	12,129,680
Net assets available for benefits		
Beginning of year	267,608,274	255,478,594
End of year	<u>\$ 288,135,678</u>	<u>\$ 267,608,274</u>

The Notes to Financial Statements are an integral part of these statements.

Maryland Electrical Industry Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Maryland Electrical Industry Pension Fund (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan that was established effective July 29, 1971 as a result of a Agreement and Declaration of Trust entered between the Baltimore Division, Maryland Chapter, National Electrical Contractors Association, Inc. (the "Employer"); and Local Union No. 24, International Brotherhood of Electrical Workers, AFL-CIO, CLC and Local Union No. 307, International Brotherhood of Electrical Workers, AFL-CIO (the "Union"); the Plan was restated effective January 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees"), a joint board consisting of equal representation from the participating employers and the Union.

Eligibility

All employees of all employers, as defined by the Plan Document, are eligible to participate in the Plan. An employee should work in covered employment under the terms of a CBA and have worked at least 1,000 hours in covered employment during 12 consecutive months. Certain Special Class Employees or employees of the Union are also eligible to participate.

Vesting

Vesting in the employer contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after: (1) five years of credited service if a participant has worked at least one hour in covered employment on or after January 1, 1989; or (2) ten years of credited service if a participant has not worked at least one hour in covered employment on or after January 1, 1989.

Funding Policy

The Plan's funding policy is for the participating employers to make contributions on behalf of covered employees in amounts determined by the CBAs or participant agreements and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code ("IRC"). Hourly contribution rates vary by CBA from \$3.10 to \$4.75. The Plan's actuary has certified that the minimum funding requirements of ERISA were met in 2024 and 2023.

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding status certifications. The certifications were based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024, and audited financial information as of December 31, 2023, as well as other financial information. The funded (zone) status provides an indication of the financial health of the Plan.

For the years beginning January 1, 2024 and 2023, based on actuarial assumptions, participant and financial data, and Plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the PPA.

Maryland Electrical Industry Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least 5 years of vesting service if the participant worked at least one hour in covered employment on or after January 1, 1989; or ten years of vesting service if you have not worked at least one hour in covered employment on or after January 1, 1989 or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to their participating employer's contributions. Upon becoming vested, participants are entitled to a monthly pension benefit which is computed by multiplying a rate of \$17.00 by the number of past service pension credits earned; plus a rate of \$74.00 is multiplied by the number of future service pension credits earned. Effective for retirements occurring on or after January 1, 2024, the value of a future service pension credit for participants who have earned at least one-quarter of a pension credit in 2022, or later, will increase by \$3.00, from \$74.00 per future service pension credit to \$77.00 per future service pension credit.

Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity. Married participants receive benefits in the form of a 50% joint and survivor benefit payment option, unless waived by the participant with spousal consent. The 50% joint and survivor benefit provides a retired participant with a reduced monthly benefit for the participant's life and upon the participant's death, 50% of that amount for the spouse's life. Should the spouse die prior to the participant, the participant's monthly benefit remains the same. Married participants also have the option of electing a 75% joint and survivor pension.

Early Retirement

Participants are eligible to receive an early retirement pension upon reaching age 55 if they have at least 15 pension credits and at least one of these credits is a future service pension credit.

Death and Disability Benefits

Beneficiaries of participants are eligible to receive a death benefit. When a participant dies following retirement, the death benefits available are based on the benefit option selected at the time of retirement. Pre-retirement death benefits are based on the participant's years of covered employment, marital status, and disability status. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until the earlier of normal retirement age, recovery, or death. Participants are eligible to receive disability benefits if they have at least five pension credits and at least one of these credits is a future service pension credit; and they have worked in covered employment, or received workers' compensation as a result of a work related injury incurred with a contributing employer, at any time within the 24-month period immediately before they became disabled.

Social Security Bridge Benefit

The Plan offers a Social Security Bridge Benefit to supplement pension benefits before participants' Social Security benefit payments begin. If participants retire between age 59 and 62 with at least 30 pension credits, they will receive a Social Security Bridge Benefit. The benefit is the estimated Social Security benefit that a participant would receive at age 62, up to a maximum of \$800 per month. This supplemental benefit will end once the participant reaches age 62 or after three years, whichever comes first. If the participant dies before age 62, the additional bridge benefit will stop.

If participants earned at least 1/4 pension credit in either of the two plan years immediately preceding retirement, retire with 30 pension credits, and are at least age 59 and less than age 65, they will be eligible to receive a Social Security Bridge Benefit. The benefit is the estimated Social Security benefit that participants would receive at age 62 (or, if later, the date the participant actually retires), up to a maximum of \$800 per month. This supplemental benefit wends when participants reach age 65 or after three years, whichever comes first.

Beneficiaries are not entitled to benefits from the Social Security Bridge Benefit.

Maryland Electrical Industry Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Plan Amendments

During February 2024, the Trustees approved an amendment to the Plan documents for a one-time 13th payment for eligible participants.

Effective for retirements occurring on and after January 1, 2024, for those participants who have earned as least 0.25 pension credits in or after 2022, the regular pension shall be calculated as a monthly amount equal to the sum of (1) an amount equal to \$17.00 times the number of pension credits earned prior to the contribution period; and (2) an amount equal to \$17.00 times the number of pension credits earned during the contribution period.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recognized when paid.

Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments.

Employers' Contributions and Related Receivables

The Plan's policy is to recognize contributions based on the latest executed CBA on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on factors related to specific employers' or groups of participants' ability to pay, and current and future economic trends and conditions. As of December 31, 2024 and 2023, the allowance for credit losses was \$87,000.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 8, 2025, the date the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

3. 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 based on employees' 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, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material differences.

Actuarial present value of accumulated plan benefits as of the most recent actuarial valuation date is as follows:

Vested benefits

Participants currently receiving payments	\$ 166,197,430
Other participants	123,652,517
Total vested benefits	<u>289,849,947</u>
Nonvested plan benefits	11,913,197
Total actuarial present value of accumulated plan benefits	<u><u>\$ 301,763,144</u></u>

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 293,224,925</u>
Increase (decrease) during the year attributable to	
Plan amendments	3,855,553
Change in actuarial assumptions	150,105
Benefits accumulated, net experience gain or loss, changes in data	5,097,718
Benefits paid	(20,320,419)
Interest	19,755,262
Net increase	<u>8,538,219</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 301,763,144</u></u>

The actuarial present value of accumulated plan benefits as of the most recent actuarial valuation date does not include the accumulated present value of expenses, which is estimated to be \$12,604,796 as of January 1, 2024.

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

The significant actuarial assumptions and methods used in the valuation as of December 31, 2023 were as follows:

- Benefit Election: Married participants are assumed to elect the Husband and Wife form of payment and non-married participants are assumed to elect single life annuity with 5 years guaranteed.
- Actuarial cost method: Entry Age Normal Actuarial Cost Method.
- Weighted average retirement age: 62.
- Net investment return: 7.00%.
- Actuarial value of assets: The actuarial value is the market value of assets less unrecognized returns in each of the last five years. The unrecognized return is the difference between the actual market return and the expected return (at the actuarially assumed rate) on the market value and is recognized over a five-year period (20% each year). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
- Postretirement mortality rates:
 - Healthy - PRI-2012 Blue Collar Mortality Table (separate rates for employees and annuitants), amount-weighted with sex-distinct rate, projected generationally from 2012 using scale SSA-2024
 - Disabled - PRI-2012 Disabled Retiree Mortality Table, amount-weighted with sex-distinct rates, projected generationally from 2012 using scale SSA-2024
- Administrative expenses: \$750,000 payable at the beginning of the Plan year
- Current liability rate: 3.29%.
- Termination rates (%):

<u>Age</u>	<u>Disability</u>	<u>Withdrawal</u>
25	0.04	9.67
30	0.06	9.30
35	0.07	8.71
40	0.11	7.75
45	0.18	6.35
50	0.30	4.22
55	0.50	1.55
60	0.81	0.15

- Retirement rates for active participants (%):

<u>Age</u>	<u>Less than 30 Years of Service</u>	<u>30 Years of Service or More</u>
55 - 58	1	1
59 - 61	1	30
62	40	50
63 - 64	20	25
65	50	100
66	100	100

- Retirement rates for inactive vested participants (%):

<u>Age</u>	<u>Less than 30 Years of Service</u>	<u>Between 20 and 30 Years of Service</u>	<u>30 Years of Service or More</u>
59	0	0	20
60 - 61	0	0	0
62	25	45	25
63 - 64	25	25	25
65	100	100	100

Maryland Electrical Industry Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

In developing the actuarial present value of accumulated plan benefits as of December 31, 2023, the following changes in actuarial assumptions were made from the assumptions used for the January 1, 2023 valuation:

- The administrative expense assumption was increased from \$700,000 to \$750,000.
- The mortality improvement scales for all participants were updated from the MP-2021 scale to the SSA-2024 scale.
- Retirement rates were updated to better reflect experience.

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

4. Fair Value Measurements

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

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation technique include:

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. During the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

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

Short-term investments: These investments are stated at cost, which approximates fair value.

Registered investment companies: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Collective Investment Funds: Shares in collective investment funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

103-12 Investment Entities: The 103-12 investment entities are valued at the NAV of the shares held by the Plan at year end. NAV is used as a practical expedient to measure fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Limited Partnerships: Ownership in limited partnerships that are not publicly traded is valued based on the NAV of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

Hedge Funds: The hedge funds are valued at the NAV per share as provided by the underlying fund managers. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

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

	2024			
	Level 1	Level 2	Level 3	Total
Short term investments	\$ 3,953,800	\$ -	\$ -	\$ 3,953,800
Common stocks	243,146	-	-	243,146
Registered investment companies	75,440,110	-	-	75,440,110
Total assets in the fair value hierarchy	79,637,056	-	-	79,637,056
Investments measured at net asset value (a)	-	-	-	206,627,101
Total investments at fair value	\$ 79,637,056	\$ -	\$ -	\$ 286,264,157

	2023			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 107,997	\$ -	\$ -	\$ 107,997
Common stocks	247,848	-	-	247,848
Registered investment companies	71,249,864	-	-	71,249,864
Total assets in the fair value hierarchy	71,605,709	-	-	71,605,709
Investments measured at net asset value (a)	-	-	-	192,314,981
Total investments at fair value	\$ 71,605,709	\$ -	\$ -	\$ 263,920,690

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

			2024		
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period	
103-12 investment entities (a)					
IR&M Core Bond Fund II LLC	\$ 18,125,480	\$ -	Daily		None
Common collective trusts (a)					
AFL-CIO Building Investment Trust	4,915,128	-	Quarterly		Quarterly
ASB Allegiance Real Estate Fund	5,369,296	-	Quarterly		60 Days
Chevy Chase Trust IBEW/NECA S&P 500 Index Fund	21,938,840	-	Quarterly		60 Days
John Hancock Strategic Fixed Income Trust	4,995,318	-	Daily		10 Days
Loomis Sayles Core Plus Fixed Income Fund	14,990,557	-	Daily		None
Loomis Sayles Multisector Full Discretion Trust	7,369,393	-	Daily		None
NewTower Multi-Employer Property Trust	7,824,734	-	Quarterly		45 Days
NT Collective Russell 1000 Value Index Fund NL	18,576,162	-	Daily		1 Day
Hedge funds					
AQR Global Risk Premium Offshore Fund (b)	15,608,088	-	Discretionary		15 Days
Pinehurst Institutional Ltd. (c)	19,604,688	-	Quarterly		100 Days
Limited partnerships					
Columbia Partners Private Capital Holdings, LP (d)	7,834,888	1,101,143	Discretionary		N/A
Goldpoint Partners Select Manager Fund IV, LP (e)	6,628,509	-	Discretionary		N/A
Hamilton Lane Secondary Feeder Fund IV-A, LP (f)	1,726,056	2,621,814	Discretionary		N/A
INDURE Build-to-Core Fund, LLC (g)	7,128,717	-	Discretionary		Quarterly
NB Crossroads Partners Select Manager Fund IV, LP (h)	8,501,209	1,050,000	Discretionary		N/A
T. Rowe Price Large-Cap Growth Trust (i)	20,569,181	-	Daily		30 Days
Washington Capital O Transportation Infrastructure Capital Partners Feeder LLC (j)	3,886,948	2,275,339	Discretionary		90 Days
Registered investment companies					
AFL-CIO Housing Investment (k)	11,033,909	-	Monthly		15 Days
	\$ 206,627,101	\$ 7,048,296			

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
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			2023		
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period	
103-12 investment entities					
Intech U.S. Large Cap Growth Fund LLC	\$ 19,300,066	\$ -	Daily	None	
IR&M Core Bond Fund II LLC	17,806,469	-	Daily	None	
Common collective trusts					
John Hancock Strategic Fixed Income Trust	4,840,824	-	Daily	10 Days	
NT Collective Russell 1000 Value Index Fund NL	19,851,890	-	Daily	None	
NewTower Multi-Employer Property Trust	8,127,296	-	Quarterly	45 Days	
ASB Allegiance Real Estate Fund	6,308,466	-	Discretionary	Quarterly	
AFL-CIO Building Investment Trust	4,896,197	-	Quarterly	Quarterly	
IBEW/NECA S&P 500 Index Fund	13,857,490	-	Daily	None	
Loomis Sayles Multisector Full Discretion Trust	6,957,783	-	Daily	None	
Loomis Sayles Core Plus Fixed Income Fund	14,786,181	-	Daily	None	
Hedge funds					
Pinehurst institutional Ltd.	17,969,754	-	Quarterly	100 Days	
AQR Global Risk Premium Offshore Fund	14,877,590	-	Monthly	15 Days	
Limited partnerships					
INDURE Build-to-Core Fund, LLC	6,962,491	-	Discretionary	Quarterly	
Columbia Partners Private Capital Holdings, LP	8,395,784	963,261	Discretionary	N/A	
Hamilton Lane Secondary Feeder Fund IV-A, LP	2,223,900	2,621,814	Discretionary	N/A	
Goldpoint Partners Select Manager Fund IV, LP	6,887,868	-	Discretionary	N/A	
NB Crossroads Partners Select Manager Fund IV, LP	7,485,216	1,500,000	Discretionary	N/A	
Registered investment companies					
AFL-CIO Housing Investment	10,779,716	-	Monthly	None	
	\$ 192,314,981	\$ 5,085,075			

(a) These entities are reported as direct filing entities ("DFEs") and can be redeemed either daily, quarterly or discretionary.

(b) The Fund acts as a feeder fund in a "master-feeder" structure and, accordingly, invests substantially all of its assets in AQR Global Risk Premium Master Account Ltd. (the "Master Account"), a Cayman Islands exempted limited company. The investment objective of the Master Account is to deliver efficient exposure to a broadly diversified set of global risk premia by investing across a global universe of equities, fixed income securities, currencies, commodities, and credit-related assets, among other exposures.

(c) The Fund is a "feeder" fund in a "master-feeder" structure whereby the Fund invests substantially all of its assets in Pinehurst Partners, L.P. (the "Master Fund"), a Delaware limited partnership. The Master Fund pursues its investment objectives by allocating its capital among various portfolio managers through investments in collective investment vehicles and individually managed accounts.

(d) The partnership was formed to make investments in a diverse portfolio of private equity funds, including venture capital, mezzanine debt/structured capital, growth equity, and middle market buyout funds.

(e) The partnership is a Cayman Islands limited partnership was organized for the purpose of providing investors the opportunity to invest in private equity funds and portfolio companies established by a select number of experienced and well established sponsors.

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

(f) The Delaware limited partnership was formed as a feeder fund in a master-feeder structure whereby the partnership invests substantially all of its assets in Hamilton Lane Secondary Fund IV LP, a Delaware limited partnership. The investment objective, primarily through the Master Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions.

(g) The limited liability corporation was formed as an open ended commingled real estate fund 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.

(h) The Fund was formed as a Delaware limited partnership. The Fund invests substantially all of its assets in NBFOF 23 Holdings LP, which in turn invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed as series limited partnerships under Delaware law for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments.

(i) The Trust is a wholly owned subsidiary of T. Rowe Price Associates, Inc., which is wholly owned by T. Rowe Price Group, Inc. The investment objective is to seek long-term capital appreciation.

(j) The Fund seeks to realize substantial capital appreciation without subjecting principal to undue risk by investing substantially all of its assets in the Duration Transportation Infrastructure Capital Partners, L.P. (the "Underlying Fund"). The Underlying Fund's primary objective is to provide superior risk-adjusted returns without subjecting principal to undue risk of loss through investments in the transportation infrastructure industry, focusing primarily on hard assets, operating companies, and other permitted investments, such as airports, toll roads, ports, parking and other transportation assets in the air, land and sea transportation sectors.

(k) The entity is a common law trust and participation in the trust is limited to eligible pension plans and labor organizations, including health and welfare, general, voluntary employees' benefit associations and other funds that have beneficiaries who are represented by labor organizations.

5. Related-Party and Party-In-Interest Transactions

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the custodian, PNC Bank. These transactions qualify as party-in-interest transactions.

Additionally, the Plan shares common governance and transactions with related organizations, including Maryland Electrical Industry Health Fund (the "Health Fund") and Maryland Electrical Industry Severance and Annuity Fund (the "Annuity Fund"), all of which are tax exempt.

The Health Fund holds the depository account that receives contributions and liquidated damages on behalf of the related Maryland Electrical Industry Funds. These contributions are allocated based on each fund's contribution rate and are transferred monthly. As of December 31, 2024 and 2023, there were no amounts due from the Health Fund.

During the years ended December 31, 2024 and 2023, the Plan withheld funds from the monthly pension distributions to the Plan's retirees. These withheld funds were then transferred to the Health Fund, on the retirees' behalf, as the retirees' contribution for health benefits. During the years ended December 31, 2024 and 2023, the Plan withheld \$2,156,609 and \$2,676,327, respectively, from retiree pension distributions to be transferred to the Health Fund as contributions for health benefits. As of December 31, 2024 and 2023, no amounts were due to the Health Fund from the Plan for retiree health benefit contributions withheld from pension distributions.

Maryland Electrical Industry Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

6. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC. The PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Trustees by a letter dated September 28, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Reciprocity Agreements

The Plan entered into a reciprocity agreement in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home Local Union in the subsequent month. During the Plan years ended December 31, 2024 and 2023, the Plan received (paid) (\$2,185,221) and \$0, respectively, in net reciprocity contributions.

During the Plan years ended December 31, 2024 and 2023, the Plan owed (\$75,612) to other collectively bargained Local Unions. During the Plan years ended December 31, 2024 and 2023, the Plan was owed \$718,629 from other collectively bargained Local Unions.

Maryland Electrical Industry Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

9. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are 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 would be material to the financial statements.

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high-quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows. The Plan has not experienced and losses on such federally insured accounts. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and the historical high collection rate of receivables.

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

To the Trustees and Participants of
Maryland Electrical Industry Pension Fund:

We have audited the financial statements of Maryland Electrical Industry Pension Fund as of and for the year ended December 31, 2024, and have issued our report thereon, dated October 8, 2025, which contained an unmodified opinion on the financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.

The accompanying 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 the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its 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.

WithumSmith+Brown, PC

October 8, 2025

Maryland Electrical Industry Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #52-1057284, Plan #001
December 31, 2024

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value or shares		
Short term Investments								
	M&T ICS SWEEP	Interest bearing	N/A	N/A	N/A	1,486,849	\$ 1,486,849	\$ 1,486,849
	FEDERATED HERMES GOVT OBLIG PREM SHS #117	Interest bearing	N/A	N/A	N/A	2,466,951	2,466,951	2,466,951
						<u>3,953,800</u>	<u>3,953,800</u>	<u>3,953,800</u>
Common Stock								
	GRAIL INC-W/I	Equity	N/A	N/A	N/A	18	1,476	5,284
	ILLUMINA INC	Equity	N/A	N/A	N/A	134	50,601	237,862
						<u>152</u>	<u>52,077</u>	<u>243,146</u>
Registered Investment Companies								
	AFL-CIO HOUSING INVESTMENT TRUST	RIC	N/A	N/A	N/A	978	9,142,459	11,033,909
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND FUND #1869	RIC	N/A	N/A	N/A	127	37,374,230	40,402,700
	VANGUARD MID CAP INDEX FUND	RIC	N/A	N/A	N/A	72	17,052,205	20,952,452
	VANGUARD SMALL CAP INDEX FUND FUND #857	RIC	N/A	N/A	N/A	115	11,624,810	14,084,958
						<u>1,292</u>	<u>75,193,704</u>	<u>86,474,019</u>
Common Collective Trusts								
	AFL-CIO BUILDING INVESTMENT TRUST (BIT)	CCT	N/A	N/A	N/A	5,427	5,219,459	4,915,128
	ASB ALLEGIANCE REAL ESTATE FUND	CCT	N/A	N/A	N/A	1,407	8,371,625	5,369,296
	IBEW-NECA EQUITY INDEX FUND	CCT	N/A	N/A	N/A	130	4,886,876	21,938,840
	JOHN HANCOCK COLLECTIVE INVESTMENT STRATEGIC FIXED INCOME TRUST CLASS I2	CCT	N/A	N/A	N/A	11	4,503,745	4,995,318
	LOOMIS SAYLES CORE PLUS TRUST FUND CL B	CCT	N/A	N/A	N/A	17	13,862,045	14,990,557
	LOOMIS SAYLES MULTISECTOR FULL DISCRETION TRUST	CCT	N/A	N/A	N/A	28	6,480,971	7,369,393
	MFB NT COLLECTIVE RUSSELL 1000 VALUE INDEX FUND-NON LENDING	CCT	N/A	N/A	N/A	644	9,274,755	18,576,162
	MULTI-EMPLOYER PROPERTY TRUST (MEPT) CLASS E - CCT	CCT	N/A	N/A	N/A	12,555	1,478,399	7,824,734
						<u>20,219</u>	<u>54,077,875</u>	<u>85,979,428</u>
103-12 Investment Entities								
	IR&M CORE BOND FUND II LLC	103-12	N/A	N/A	N/A	16	17,639,483	18,125,480
						<u>16</u>	<u>17,639,483</u>	<u>18,125,480</u>
Hedge Funds								
	AQR GRP OFFSHORE FUND LTD CLASS A NE SERIES INITIAL	Hedge fund	N/A	N/A	N/A	252,668	1,196,264	15,608,088
	PINEHURST INSTITUTIONAL LTD CLASS B1 SERIES 1	Hedge fund	N/A	N/A	N/A	2,563	15,852,800	19,604,688
						<u>255,231</u>	<u>17,049,064</u>	<u>35,212,776</u>
Limited Partnership								
	COLUMBIA PARTNERS PRIVATE CAPITAL HOLDINGS LP	LP	N/A	N/A	N/A	1	8,686,970	7,834,888
	GOLDPOINT PARTNERS SELECT MANAGER FUND IV LP	LP	N/A	N/A	N/A	1	5,769,288	6,628,509
	HAMILTON LANE SECONDARY FEEDER FUND IV - A LP	LP	N/A	N/A	N/A	1	3,364,416	1,726,056
	INDURE BUILD TO CORE FUND LLC	LP	N/A	N/A	N/A	2,294	7,967,309	7,128,717
	NB CROSSROADS FUND 23 PLAN LP	LP	N/A	N/A	N/A	1	6,493,602	8,501,209
	T. ROWE PRICE LARGE-CAP GROWTH TRUST A	LP	N/A	N/A	N/A	21,000,000	21,000,000	20,569,181
	WACAP - O TRANSPORTATION INFRASTRUCTURE CAPITAL PARTNERS FEEDER LLC	LP	N/A	N/A	N/A	1	3,724,661	3,886,948
						<u>21,002,299</u>	<u>57,006,246</u>	<u>56,275,508</u>
							<u>\$ 224,972,249</u>	<u>\$ 286,264,157</u>

See Independent Auditor's Report on Supplementary Information.

Maryland Electrical Industry Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transaction
EIN #52-1057284, Plan #001
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	Single							
	<i>No single transaction meeting 5% threshold.</i>							
	Series							
	INTECH U.S. LARGE CAP GROWTH FUND LLC	N/A	\$26,179,232	N/A	N/A	\$15,666,454	\$26,179,232	\$10,512,778

See Independent Auditor's Report on Supplementary Information.

Maryland Electrical Industry Pension Fund

EIN 52-1057284

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Maryland Electrical Industry Pension Fund

EIN 52-1057284

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Maryland Electrical Industry Pension Fund
EIN 52-1057284
Plan Number 001
December 31, 2024

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value or shares		
Short term Investments								
	M&T ICS SWEEP	Interest bearing	N/A	N/A	N/A	1,486,849	1,486,849	1,486,849
	FEDERATED HERMES GOVT OBLIG PREM SHS #117	Interest bearing	N/A	N/A	N/A	2,466,951	2,466,951	2,466,951
						<u>3,953,800</u>	<u>3,953,800</u>	<u>3,953,800</u>
Common Stock								
	GRAIL INC-W/I	Equity	N/A	N/A	N/A	18	1,476	5,284
	ILLUMINA INC	Equity	N/A	N/A	N/A	134	50,601	237,862
						<u>152</u>	<u>52,077</u>	<u>243,146</u>
Mutual Fund								
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND FUND #1869	Mutual Fund	N/A	N/A	N/A	127	37,374,230	40,402,700
	VANGUARD MID CAP INDEX FUND	Mutual Fund	N/A	N/A	N/A	72	17,052,205	20,952,452
	VANGUARD SMALL CAP INDEX FUND FUND #857	Mutual Fund	N/A	N/A	N/A	115	11,624,810	14,084,958
						<u>314</u>	<u>66,051,245</u>	<u>75,440,110</u>
Common Collective Trusts								
	AFL-CIO BUILDING INVESTMENT TRUST (BIT)	CCT	N/A	N/A	N/A	5,427	5,219,459	4,915,128
	ASB ALLEGIANCE REAL ESTATE FUND	CCT	N/A	N/A	N/A	1,407	8,371,625	5,369,296
	IBEW-NECA EQUITY INDEX FUND	CCT	N/A	N/A	N/A	130	4,886,876	21,938,840
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	LOOMIS SAYLES MULTISECTOR FULL DISCRETION TRUST	CCT	N/A	N/A	N/A	28	6,480,971	7,369,393
	MFB NT COLLECTIVE RUSSELL 1000 VALUE INDEX FUND-NON LENDING	CCT	N/A	N/A	N/A	644	9,274,755	18,576,162
	MULTI-EMPLOYER PROPERTY TRUST (MEPT) CLASS E - CCT	CCT	N/A	N/A	N/A	12,555	1,478,399	7,824,734
						<u>20,219</u>	<u>54,077,875</u>	<u>85,979,428</u>
103-12 Investment Entities								
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						<u>16</u>	<u>17,639,483</u>	<u>18,125,480</u>
Registered Investment Companies								
	AFL-CIO HOUSING INVESTMENT TRUST	RIC	N/A	N/A	N/A	978	9,142,459	11,033,909
						<u>978</u>	<u>9,142,459</u>	<u>11,033,909</u>
Hedge Funds								
	AQR GRP OFFSHORE FUND LTD CLASS A NE SERIES INITIAL	Hedge fund	N/A	N/A	N/A	252,668	1,196,264	15,608,088
	PINEHURST INSTITUTIONAL LTD CLASS B1 SERIES 1	Hedge fund	N/A	N/A	N/A	2,563	15,852,800	19,604,688
						<u>255,231</u>	<u>17,049,064</u>	<u>35,212,776</u>
Limited Partnership								
	COLUMBIA PARTNERS PRIVATE CAPITAL HOLDINGS LP	LP	N/A	N/A	N/A	1	8,686,970	7,834,888
	GOLDPOINT PARTNERS SELECT MANAGER FUND IV LP	LP	N/A	N/A	N/A	1	5,769,288	6,628,509
	HAMILTON LANE SECONDARY FEEDER FUND IV - A LP	LP	N/A	N/A	N/A	1	3,364,416	1,726,056
	INDURE BUILD TO CORE FUND LLC	LP	N/A	N/A	N/A	2,294	7,967,309	7,128,717
	NB CROSSROADS FUND 23 PLAN LP	LP	N/A	N/A	N/A	1	6,493,602	8,501,209
	T. ROWE PRICE LARGE-CAP GROWTH TRUST A	LP	N/A	N/A	N/A	21,000,000	21,000,000	20,569,181
	WACAP - O TRANSPORTATION INFRASTRUCTURE CAPITAL PARTNERS FEEDER LLC	LP	N/A	N/A	N/A	1	3,724,661	3,886,948
						<u>21,002,299</u>	<u>57,006,246</u>	<u>56,275,508</u>
							<u>\$ 221,018,449</u>	<u>\$ 286,264,157</u>

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 MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board Of Trustees Maryland Electrical Industry	D Employer Identification Number (EIN) 52-1057284	

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)	267,608,274
(2) Actuarial value of assets for funding standard account.....	1b(2)	291,612,017
c (1) Accrued liability for plan using immediate gain methods	1c(1)	328,005,657
(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)	301,763,144
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)	504,271,322
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	11,580,801
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	20,236,288
(3) Expected plan disbursements for the plan year	1d(3)	20,986,288

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	Andrew Perrotta <i>AP</i> Signature of actuary Andrew Perrotta, FCA, MAAA, EA Type or print name of actuary Firm name 1800 M STREET NW, SUITE 900 S WASHINGTON DC 20036-5880 Address of the firm	10/06/2025 Date 2308762 Most recent enrollment number 202-833-6400 Telephone number (including area code)
------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

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

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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	9P	9P
(2) Females	9FP	9FP
d Valuation liability interest rate	7.00%	7.00%
e Salary scale	% <input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.9%
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)	750,000
(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
4	174,728	17,929
3	1,100,000	1,100,000
1	4,140,347	424,848
3	4,813,857	493,959

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	0
b Employer's normal cost for plan year as of valuation date	9b	3,018,297
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)	17,074,075
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	1,406,466
e Total charges. Add lines 9a through 9d	9e	21,498,838
Credits to funding standard account:		
f Prior year credit balance, if any	9f	39,263,351
g Employer contributions. Total from column (b) of line 3	9g	15,673,733
h Amortization credits as of valuation date.....		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	4,961,944
(2) "RPA '94" override (90% current liability FFL)	9h(2)	0
(3) FFL credit	9h(3)	0
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	3,598,637
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	109,866,563
(2) "RPA '94" override (90% current liability FFL)	9j(2)	170,756,559
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	63,497,665
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	41,998,827
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(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	
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

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Rationale for demographic and noneconomic assumptions

The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is based in part on experience that has been accumulated over prior valuations. Current data is reviewed with each annual valuation.

Mortality rates

Healthy: PRI-2012 Blue Collar Mortality Table (separate rates for employees and annuitants), amount-weighted with sex-distinct rate, projected generationally from 2012 using scale SSA-2024

Disabled: PRI-2012 Disabled Retiree Mortality Table, amount-weighted with sex-distinct rates, projected generationally from 2012 using scale SSA-2024

The underlying tables for healthy participants and the underlying table for disabled participants projected to the valuation date reasonably reflect the mortality experience of the Plan as of the measurement date. The resulting mortality tables were then adjusted to future years using generational projection under scale SSA-2024 to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, adjusted to reflect health characteristics of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and the projected number based on the prior years' assumption over the most recent five years.

Section 3: Certificate of Actuarial Valuation

Termination rates (%)

Age	Disability	Withdrawal ¹
25	0.04	9.67
30	0.06	9.30
35	0.07	8.71
40	0.11	7.75
45	0.18	6.35
50	0.30	4.22
55	0.50	1.55
60	0.81	0.15

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect economic conditions of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior years' assumption over the most recent nine years.

¹ Withdrawal rates cut out at first eligibility for retirement

Section 3: Certificate of Actuarial Valuation

Retirement rates for active participants (%)

Age	Less than 30 years of service	30 Years of service or more
55 – 58	1	1
59 – 61	1	30
62	40	50
63 – 64	20	25
65	50	100
66	100	100

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent ten years.

Retirement age for inactive vested participants (%)

Age	Less than 20 years of service	Between 20 and 30 years of service	30 Years of service or more
59	0	0	20
60 - 61	0	0	0
62	25	45	25
63 - 64	25	25	25
65	100	100	100

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect economic conditions of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent nine years.

Section 3: Certificate of Actuarial Valuation

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future benefit accruals

One service credit per year per active employee included in the valuation. One additional year of service is assumed for disability retirement.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect economic conditions of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent ten years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics.

Definition of active participants

Active participants are defined as those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

No inactive vested participants are excluded from the valuation.

Percent married

Males: 75%

Females: 50%

Section 3: Certificate of Actuarial Valuation

Age of spouse

Where spouse information is not available, participants are assumed to have opposite-gender spouses with the female spouse three years younger than the male.

Benefit election

Married participants are assumed to elect the Husband and Wife form of payment and non-married participants are assumed to elect single life annuity with 5 years guaranteed.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, economic condition of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent ten years.

Delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age (applies only to those who are currently beyond normal retirement age) qualify for delayed retirement increases, but not beyond their Required Beginning Date.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$750,000 payable at the beginning of the year.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial value of assets

The actuarial value is the market value of assets less unrecognized returns in each of the last five years. The unrecognized return is the difference between the actual market return and the expected return (at the actuarially assumed rate) on the market value and is recognized over a five-year period (20% each year). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale, as described in the final IRS mortality regulations released in October 2023

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.9%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 7.9%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:

- The administrative expense assumption was increased from \$700,000 to \$750,000.
- The mortality improvement scales for all participants were updated from the MP-2021 scale to the SSA-2024 scale
- Retirement rates were updated to better reflect experience.

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Count and Average Monthly Benefit

Age	Total	Pension Credits								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	90	88	2	—	—	—	—	—	—	—
	\$185	\$181	—	—	—	—	—	—	—	—
25 - 29	198	122	75	1	—	—	—	—	—	—
	343	233	515	—	—	—	—	—	—	—
30 - 34	241	95	90	51	5	—	—	—	—	—
	510	236	540	899	—	—	—	—	—	—
35 - 39	263	70	53	88	48	4	—	—	—	—
	743	220	551	946	1,278	—	—	—	—	—
40 - 44	239	33	38	68	51	47	2	—	—	—
	1,014	215	546	958	1,319	1,665	—	—	—	—
45 - 49	182	24	29	37	34	34	24	—	—	—
	1,139	179	550	959	1,314	1,703	2,044	—	—	—
50 - 54	164	10	12	19	23	31	39	30	—	—
	1,621	—	—	—	1,393	1,684	2,051	2,496	—	—
55 - 59	164	10	8	6	19	39	18	36	27	1
	1,910	—	—	—	—	1,733	—	2,449	2,868	—
60 - 64	99	12	2	11	13	18	13	7	9	14
	1,785	—	—	—	—	—	—	—	—	—
65 - 69	7	—	—	1	1	1	1	—	1	2
	—	—	—	—	—	—	—	—	—	—
70 & over	1	—	—	1	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	1,648	464	309	283	194	174	97	73	37	17
	\$986	\$215	\$537	\$947	\$1,318	\$1,696	\$2,072	\$2,445	\$2,867	—

Note: Excludes 99 participants with less than one pension credit.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$12,900,773	-	\$12,900,773
2025	\$12,900,773	-	\$12,900,773
2026	\$12,900,773	-	\$12,900,773
2027	\$12,900,773	-	\$12,900,773
2028	\$12,900,773	-	\$12,900,773
2029	\$12,900,773	-	\$12,900,773
2030	\$12,900,773	-	\$12,900,773
2031	\$12,900,773	-	\$12,900,773
2032	\$12,900,773	-	\$12,900,773
2033	\$12,900,773	-	\$12,900,773

Section 2: Actuarial Valuation Results

Schedule MB line 6f(1) – Description of withdrawal liability interest rate

The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2024 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of January 1, 2024 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:

- The administrative expense assumption was increased from \$700,000 to \$750,000.
- The mortality improvement scales for all participants were updated from the MP-2021 scale to the SSA-2024 scale
- Retirement rates were updated to better reflect experience.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of participation.
- **Amount:** The sum of the following:
 - \$17.00 per past service Pension Credit (to a maximum of 15 past service Pension Credits)
 - \$77.00¹ per future service Pension Credit
- **Delayed Retirement Amount:** Regular Pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each of the first 60 months past Normal Retirement Age (NRA), and by 1.5% for each month thereafter.

¹ Lower rates apply for participants who do not earn 0.25 Pension Credits in any year from 2021 and thereafter.

Section 3: Certificate of Actuarial Valuation

Service pension

- **Age and Service Requirement:** Age 59 with 30 Pension Credits or Age 62 with 20 Pension Credits
- **Amount:** Regular pension accrued

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 15 Pension Credits including one earned during the Contribution Period
- **Amount:** Regular Pension accrued, reduced by $\frac{1}{2}$ of 1% for each month before NRA

Disability

- **Age Requirement:** None
- **Service Requirement:** 5 Pension Credits, including one earned during the Contribution Period, and at least one hour of service within 24 months before becoming permanently and totally disabled.
- **Amount:** Regular Pension accrued based on a minimum of 20 Pension Credits (minimum only applies to those who earned their first hour of service before January 1, 2018). Payments will not be made during the first five months of disability.

Deferred pension

- **Age Requirement:** None
- **Service Requirement:** 5 years of Vesting Service.
- **Amount:** Regular Pension accrued payable at Normal Retirement Age. A reduced pension is payable at age 62. If the participant has satisfied the requirements for an early retirement pension, a reduced benefit is payable as early as age 55. The reduction is $\frac{1}{2}$ of 1% per month prior to Normal Retirement Age.
- If the participant has 20 or more Pension Credits, the benefit is payable unreduced at age 62. If the participant has 30 or more Pension Credits, the benefit is payable unreduced at age 59.

Section 3: Certificate of Actuarial Valuation

Pre-retirement death benefit

- Lump Sum Benefit (In addition to any other pre-retirement death benefits that may apply):
 - **Requirement:** Service during the 24 months immediately preceding death
 - **Amount:** \$200 for each Pension Credit earned during the Contribution Period payable in a single lump sum to the designated beneficiary.
- Husband-and-Wife Benefit:
 - **Requirement:** Eligible for an immediate or deferred pension
 - **Amount:** 50% of the amount the pensioner would have received had he retired the day before he died with Husband-and-Wife coverage payable to his spouse for life. If the employee is younger than the earliest retirement age at death, the spouse's benefit is payable on the first of the month in which the employee would have reached the earliest retirement age. The benefit is payable in a single lump sum, if the spouse so elects.
- 60-Month Guarantee:
 - **Requirement:** Eligible for an immediate or deferred pension and either the option is elected in lieu of Husband-and-Wife Benefit, or the participant was not married.
 - **Amount:** Sixty-month pension or lump sum value of 60 months of the pension amount accrued and payable immediately with actuarial reduction from earliest retirement age.

Social Security Bridge Benefit

- **Age Requirement:** 59 and less than age 65 at retirement (less than age 62 for certain participants with breaks in service)
- **Service Requirement:** 30 Pension Credits
- **Eligibility:** All active and inactive participants that do not retire on a disability pension
- **Amount:** Monthly benefit estimated by Social Security Administration to be received by the eligible participant at age 62, with a maximum amount of \$800 per month. Benefit is terminated at the earlier of three years of payments or when the pensioner attains age 65 (age 62 for certain participants with breaks in service) or dies.

Section 3: Certificate of Actuarial Valuation

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65

Post-retirement death benefit

Husband and Wife: For married participants, pension benefits are paid in the form of a 50% joint and survivor annuity reduced to reflect the joint and survivor coverage, unless this form is rejected. The benefit is increased to the unreduced amount if the spouse predeceases the pensioner. If this form is rejected, or if the participant is not married, benefits are payable for the life of the pensioner with 60 months of payment guaranteed.

Lump Sum: In addition to any other survivor benefits that may apply, a \$2,000 lump sum death benefit will be payable to the designated beneficiary upon the death of the pensioner.

Optional forms of benefits

75% Joint and Survivor Annuity (spouse only) with pop-up

Participation

Following completion of 1,000 hours of service during a 12-consecutive-month period of Covered Employment.

Section 3: Certificate of Actuarial Valuation

Pension credit

During the Contribution Period (Future Service):

Hours of Service During Plan Year	Pension Credit for Plan Year
Less than 300	0.00
300 but less than 600	0.25
600 but less than 900	0.50
900 but less than 1,200	0.75
1,200 or more	1.00

Vesting credit

One year of Vesting Service for 1,000 or more hours in Covered Employment during the Plan Year.

Banking hours

Hours worked on or after January 1, 2022 in excess of 1,950 (2,000 hours for hours worked on or after January 1, 1998 and before January 1, 2022) in a Plan Year will be credited to the employee's Hours Bank (to a maximum of 1,200 hours) and can be used to "fill in" Pension Credit for years in which 0.25 to 0.75 of a Pension Credit was earned.

Contribution rate

The average ultimate hourly contribution rate increased from \$4.46 as of January 1, 2023 to \$4.52 as of January 1, 2024.

Changes in plan provisions

The following plan provisions were changed with this valuation:

- For retirement occurring on or after January 1, 2024, the value of a Future Service Pension Credit increased by \$3 from \$74 to \$77 for participants who earned at least 0.25 Pension Credits in any Plan Year in 2022 or after.
- A 13th check was paid during 2023

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1995	\$210,059	1	\$210,059
Plan Amendment	01/01/1996	630,811	2	326,071
Plan Amendment	01/01/1997	661,576	3	235,602
Change in Assumptions	01/01/1998	59,276	4	16,355
Plan Amendment	01/01/1998	2,652,967	4	731,991
Plan Amendment	01/01/1999	2,076,928	5	473,405
Plan Amendment	01/01/2000	886,172	6	173,752
Plan Amendment	01/01/2001	3,132,938	7	543,296
Change in Assumptions	01/01/2002	715,048	8	111,914
Change in Assumptions	01/01/2006	390,507	12	45,949
Plan Amendment	01/01/2007	3,753,563	13	419,736
Change in Assumptions	01/01/2007	4,757,875	13	532,041
Change in Assumptions	01/01/2011	436,721	2	225,745
Plan Amendment	01/01/2011	685,640	2	354,413
Experience Loss	01/01/2011	1,294,453	2	669,113
Experience Loss	01/01/2012	2,562,253	3	912,477
Experience Loss	01/01/2013	3,884,605	4	1,071,817
Plan Amendment	01/01/2015	1,620,912	6	317,814
Plan Amendment	07/01/2015	2,655,433	6.5	488,220
Experience Loss	01/01/2016	4,236	7	735
Change in Assumptions	01/01/2016	9,025	7	1,565
Experience Loss	01/01/2017	310,436	8	48,587
Plan Amendment	01/01/2017	4,073,450	8	637,544
Experience Loss	01/01/2018	560,641	9	80,421

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2018	2,221,875	9	318,718
Plan Amendment	07/01/2018	1,503,092	9.5	207,384
Change in Assumptions	01/01/2019	584,020	10	77,712
Plan Amendment	01/01/2019	3,380,680	10	449,844
Experience Loss	01/01/2019	5,893,528	10	784,211
Plan Amendment	07/01/2019	832,276	10.5	107,063
Experience Loss	01/01/2020	2,527,374	11	314,993
Change in Assumptions	01/01/2020	6,238,063	11	777,466
Plan Amendment	01/01/2021	3,219,765	12	378,855
Plan Amendment	05/01/2021	1,916,545	12.33	221,557
Plan Amendment	01/01/2022	5,234,109	13	585,295
Plan Amendment	05/01/2022	2,186,539	13.33	240,699
Experience Loss	01/01/2023	3,015,883	14	322,291
Change in Assumptions	01/01/2023	7,446,646	14	795,782
Plan Amendment	01/01/2023	7,737,341	14	826,847
Change in Assumptions	01/01/2024	174,728	15	17,929
13 th Check	01/01/2024	1,100,000	1	1,100,000
Experience Loss	01/01/2024	4,140,347	15	424,848
Plan Amendment	01/01/2024	4,813,857	15	493,959
Total		\$102,192,193		\$17,074,075

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/1996	\$495,669	2	\$256,215
Experience Gain	01/01/2010	677,478	1	677,478
Change in Assumptions	01/01/2012	1,366,849	3	486,766
Change in Assumptions	01/01/2014	670,615	5	152,857
Experience Gain	01/01/2014	3,822,104	5	871,192
Change in Assumptions	01/01/2015	706,474	6	138,519
Experience Gain	01/01/2015	2,627,068	6	515,091
Change in Assumptions	01/01/2017	313,665	8	49,092
Change in Assumptions	01/01/2018	253,793	9	36,405
Change in Assumptions	01/01/2021	1,465,761	12	172,469
Experience Gain	01/01/2021	4,306,210	12	506,692
Change in Assumptions	01/01/2022	571,099	13	63,862
Experience Gain	01/01/2022	9,258,417	13	1,035,306
Total		\$26,535,202		\$4,961,944

Schedule MB, Line 9F – Explanation of Prior Year Credit Balance Discrepancy

The prior year credit balance, as reported on the January 1, 2023 Schedule MB, has increased from \$38,186,027 to \$39,263,351 because contributions for the plan year ended December 31, 2023 were revised from \$12,325,100 to \$13,368,934.

Item	December 31, 2023
1. Prior year funding deficiency	\$0
2. Normal cost, including administrative expenses	2,951,071
3. Amortization charges	19,208,157
4. Interest on 1, 2 and 3	1,551,146
5. Total charges	\$23,710,374
6. Prior year credit balance	\$40,699,379
7. Employer contributions	13,368,934
8. Amortization credits	5,259,379
9. Interest on 6, 7 and 8	3,646,033
10. Full funding limitation credits	0
11. Total credits	\$62,973,725
12. Credit balance/(Funding deficiency): 11 – 5	\$39,263,351*
13. Minimum contribution with interest required to avoid a funding deficiency: 5 –11 not less than zero	N/A

* Restated from 2023 Schedule MB based on revised contributions.

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	3,776
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1,784
a(2) Total number of active participants at the end of the plan year	6a(2)	1,868
b Retired or separated participants receiving benefits	6b	1,011
c Other retired or separated participants entitled to future benefits	6c	728
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	3,607
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	210
f Total. Add lines 6d and 6e.	6f	3,817
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	63
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	121

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

1A

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

▶ **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	B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)

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

1a Enter the valuation date: Month _____ Day _____ Year _____

b Assets

(1) Current value of assets.....

1b(1)

(2) Actuarial value of assets for funding standard account

1b(2)

c (1) Accrued liability for plan using immediate gain methods

1c(1)

(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)

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)

(b) Expected increase in current liability due to benefits accruing during the plan year.....

1d(2)(b)

(c) Expected release from "RPA '94" current liability for the plan year.....

1d(2)(c)

(3) Expected plan disbursements for the plan year.....

1d(3)

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Date

Type or print name of actuary

Most recent enrollment number

Firm name

Telephone number (including area code)

Address of the firm

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

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

**Schedule MB (Form 5500) 2024
v. 240311**

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." 	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		%
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)		
(2) Females	6c(2)		
d Valuation liability interest rate	6d	%	%
e Salary scale	6e	%	<input type="checkbox"/> N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	<input 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)	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	%	
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)		
(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

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 type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input 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 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 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	
b Employer's normal cost for plan year as of valuation date.....	9b	

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)		
(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	
e Total charges. Add lines 9a through 9d.....		9e	
Credits to funding standard account:			
f Prior year credit balance, if any.....		9f	
g Employer contributions. Total from column (b) of line 3.....		9g	
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(3) FFL credit		9j(3)	
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	
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	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	
(3) Total as of valuation date		9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input type="checkbox"/> No