

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u></p> <p><u>COREY WIRTH</u> <u>5735 ELIZABETH AVENUE</u> <u>ST. LOUIS, MO 63110</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>34-1442087</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>314-752-2330</u></p> <p><b>2d</b> Business code (see instructions) <u>238210</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	PAT HOOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4029
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2325
	<b>6a(2)</b>	2940
	<b>6b</b>	878
	<b>6c</b>	584
	<b>6d</b>	4402
	<b>6e</b>	265
	<b>6f</b>	4667
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	113

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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**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.

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

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

<b>A</b> Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1442087</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>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>314909583</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>327396635</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>351419175</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>351419175</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>600844341</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>28291737</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>21205871</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>21735871</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.

<b>SIGN HERE</b>	
Signature of actuary	Date
<u>ALLEN L. PAULY</u>	<u>10/14/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST &amp; STRENK</u>	<u>23-08895</u>
Firm name	Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE - SUITE 620</u> <u>CINCINNATI, OH 45242-3760</u>	<u>513-891-0270</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:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	314909583
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	1115	258911188
<b>(2)</b> For terminated vested participants .....	589	80399121
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		14831654
<b>(b)</b> Vested benefits .....		246702378
<b>(c)</b> Total active .....	2325	261534032
<b>(4)</b> Total .....	4029	600844341
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	52.41 %

**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	
01/01/2024						
12/31/2024	35919355					
			<b>Totals ▶</b>	<b>3(b)</b>	35919355	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	93.2 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • 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."	<b>4f</b>	

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	9
<b>(2)</b> Females .....	<b>6c(2)</b>	9F
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.5 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	15.3 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	530000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

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

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

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	11144999

<b>c</b> 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 .....	<b>9c(1)</b>	81125741	13045865
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		1693361
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		25884225
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		40374292
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		35919355
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	16728909	2539522
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		4239882
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	94190905	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	237568310	
(3) FFL credit .....	<b>9j(3)</b>		
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		
(2) Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		83073051
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		57188826
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
(3) Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> 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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>IBEW LOCAL 683 PENSION FUND PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW LOCAL 683 BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1442087</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

TIC MIDWEST

6525 CENTURION DRIVE  
LANSING, MI 48917-9275

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50 36	NONE	51505	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)

WESTERN ASSET MANAGEMENT

385 EAST COLORADO BLVD  
PASADENA, CA 91101

20-0219988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 19	NONE	132094	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)

CUNI, RUST & STRENK

4555 LAKE FOREST DR 620  
CINCINNATI, OH 45242-3760

31-1227755

(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 50	NONE	78375	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)

SEGAL MARCO ADVISORS

1300 E NINTH ST, STE 1900  
CLEVELAND, OH 44114-1593

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 51	NONE	115000	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)

ALLOTTA FARLEY CO., LPA

3240 LEVIS COMMONS BLVD  
PERRYSBURG, OH 43551

34-1316963

(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	79954	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)

DGPERRY, PLLC

3711 STARRS CENTRE DR.  
CANFIELD, OH 44406

83-3033790

(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	59026	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)

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVE  
BETHESDA, MD 20814

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 19	NONE	76205	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, LLC

900 SEVENTH ST NW STE 600  
WASHINGTON, DC 20001

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 32 52	NONE	84318	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)

CHEVY CHASE TRUST

7501 WISCONSIN AVENUE  
BETHESDA, MD 20814

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?
19 28 51	NONE	29800	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)

ARROWSTREET CAPITAL, LP

200 CLARENDON STREET  
BOSTON, MA 02116

98-0652482

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 19	NONE	184938	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 SELECT INSURANCE SERVICES

333 WEST 34TH STREET  
NEW YORK, NY 10001-2402

46-0614919

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	33509	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)

IBEW NECA SERVICE CENTER

5735 ELIZABETH AVENUE  
ST. LOUIS, MO 63110

43-0896804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 36 50	NONE	134328	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)

ULLICO INVESTMENT SERVICES

8403 COLESVILLE ROAD  
SILVER SPRINGS, MD 20910

90-0622302

(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 28 52	NONE	52032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1442087</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>31-1772714-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>133107718</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WA US CORE PLUS LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY</u>		
<b>c</b> EIN-PN <u>20-1575788-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47780219</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTERNATIONAL EQUITY AC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL, LP</u>		
<b>c</b> EIN-PN <u>45-6500555-003</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32285730</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO HOUSING INVESTMENT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AFL-CIO HOUSING INVESTMENT TRUST</u>		
<b>c</b> EIN-PN <u>52-6220193-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2007774</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-6257033-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7179143</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX-EXEMPT FU</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT SERVICES</u>		
<b>c</b> EIN-PN <u>90-0622302-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5357387</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>IBEW LOCAL 683 PENSION FUND PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW LOCAL 683 BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1442087</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	748807	4614900
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2806024	6360399
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	67524	53183
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	663318	59272
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	7934705	7462853
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	4932052	5049802
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	126195595	142294635
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	70755442	85423336
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	101977264	116196487
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	316080731	367514867
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	1171148	2568540
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1171148	2568540
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	314909583	364946327

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	35919355	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		35919355
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	4080617	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	10050338	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	6024188	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	117750	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	27622411	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		71766283

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	20458728	
(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)		20458728
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)	165231	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	59026	
(5) Investment advisory and investment management fees .....	2i(5)	674387	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	78375	
(8) Legal fees .....	2i(8)	79954	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	2993	
(11) Other expenses .....	2i(11)	210845	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1270811
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		21729539

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		50036744
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: **DGPERRY, PLLC**

(2) EIN: **83-3033790**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562770.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1442087</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	
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**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): 13-2600875 43-0896804

**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	1
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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 **THE SUPERIOR GROUP**

**b** EIN **20-0354904** **c** Dollar amount contributed by employer **7105029**

**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 **30** 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) **7.27**

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

**a** Name of contributing employer **ESI, INC**

**b** EIN **34-1002467** **c** Dollar amount contributed by employer **6653157**

**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 **30** 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) **7.27**

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

**a** Name of contributing employer **MID-CITY ELECTRIC CO**

**b** EIN **31-4445398** **c** Dollar amount contributed by employer **5169597**

**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 **30** 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) **7.27**

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

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

**b** EIN **94-1403967** **c** Dollar amount contributed by employer **4238045**

**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 **30** 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) **7.27**

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

**a** Name of contributing employer **HILSCHER-CLARKE**

**b** EIN **34-0290600** **c** Dollar amount contributed by employer **3995250**

**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 **30** 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) **7.27**

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

**a** Name of contributing employer **BECHTEL CONSTRUCTION COMPANY**

**b** EIN **94-2239710** **c** Dollar amount contributed by employer **1483100**

**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 **30** 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) **7.27**

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer ATLAS INDUSTRIAL HOLDINGS LLC

**b** EIN 45-4228515 **c** Dollar amount contributed by employer 1200239

**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 30 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) 7.27

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

**a** Name of contributing employer CHAPEL ELECTRIC COMPANY LLC

**b** EIN 74-3062585 **c** Dollar amount contributed by employer 1119115

**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 30 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) 7.27

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

**a** Name of contributing employer CAPITAL CITY ELECTRIC LLC

**b** EIN 47-1212513 **c** Dollar amount contributed by employer 789621

**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 30 Year 2057

**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) 7.27

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

**a** Name of contributing employer DEBRA-KUEMPEL INC

**b** EIN 31-1615931 **c** Dollar amount contributed by employer 751026

**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 30 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) 7.27

(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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	0
<b>b</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).....	<b>14b</b>	0
<b>c</b> 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).....	<b>14c</b>	0

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 69.0 % Private Equity: 4.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.0 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: \_\_\_\_\_ % Other: \_\_\_\_\_ %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Schedule MB, line 8b(2)</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>
	This Form is Open to Public Inspection	

<b>Name of Plan</b>	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	34-1442087	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25			255			97
25 to 29			191			144
30 to 34			203			136
35 to 39			102			180
40 to 44			95			201
45 to 49			71			198
50 to 54			41			158
55 to 59			27			159
60 to 64			11			
65 to 69			4			
70 & Up			3			

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	23		485			
25 to 29	69		657	3		
30 to 34	68		713	33		1389
35 to 39	47		722	22		1316
40 to 44	38		799	33		1268
45 to 49	29		759	16		
50 to 54	11			16		
55 to 59	14			8		
60 to 64	2			5		
65 to 69	1			1		
70 & Up						

<b>Name of Plan</b>	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	34-1442087	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	10					
35 to 39	41		1873	6		
40 to 44	28		1688	33		2491
45 to 49	23		1779	46		2403
50 to 54	18			27		2411
55 to 59	13			27		2244
60 to 64	7			22		2393
65 to 69	1					
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3					
45 to 49	26		2949	1		
50 to 54	30		2787	27		3401
55 to 59	24		2742	34		3316
60 to 64	9			9		
65 to 69	1					
70 & Up	1					

<b>Name of Plan</b>	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	34-1442087	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	23		3821	1		
60 to 64	4			1		
65 to 69						
70 & Up						

**IBEW Local 683  
Pension Fund Pension Plan**

Financial Statements

For the Years Ended  
December 31, 2024 and 2023



**DGPerry**  
CPAs + Advisors

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## Independent Auditors' Report

Board of Trustees and Plan Management  
IBEW Local 683 Pension Fund Pension Plan  
Columbus, Ohio

### Opinion

We have audited the accompanying financial statements of IBEW Local 683 Pension Fund Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IBEW Local 683 Pension Fund Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW Local 683 Pension Fund Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 683 Pension Fund Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 683 Pension Fund Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 683 Pension Fund Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

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

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

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

A handwritten signature in black ink, appearing to read "D. G. Ferry". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Canfield, Ohio  
October 14, 2025

# IBEW Local 683 Pension Fund Pension Plan

Statements of Net Assets Available For Benefits  
As of December 31, 2024 and 2023

<b>Assets</b>		
	<b>2024</b>	<b>2023</b>
<b>Investments at Fair Value</b>		
Money market funds	\$ 59,272	\$ 663,318
Mutual funds	116,196,487	101,977,264
Common collective trusts	142,294,635	126,195,595
Private real estate investment trust	5,049,802	4,932,052
103-12 investment entities	85,423,336	70,755,442
Limited partnership	7,462,853	7,934,705
Total Investments at Fair Value	356,486,385	312,458,376
<b>Receivables</b>		
Employer contributions	4,219,990	2,746,942
Reciprocal contributions	2,140,409	59,082
Due from other plan	3,000	3,000
Total Receivables	6,363,399	2,809,024
Prepaid expenses	50,182	64,063
Accrued investment income	1	461
Noninterest-bearing cash	4,614,900	748,807
Total Assets	367,514,867	316,080,731
<b>Liabilities</b>		
Reciprocal contributions payable	2,230,346	936,489
Accounts payable - administrative expenses	338,194	234,659
<b>Total Liabilities</b>	2,568,540	1,171,148
<b>Net Assets Available for Benefits</b>	<b>\$ 364,946,327</b>	<b>\$ 314,909,583</b>

See Independent Auditors' Report and Notes to Financial Statements.

# IBEW Local 683 Pension Fund Pension Plan

Statements of Changes in Net Assets Available For Benefits  
For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions to Net Assets</b>		
Investment Income:		
Dividends	\$ 4,080,617	\$ 2,844,680
Net appreciation (depreciation) in fair value of investments	31,766,311	37,869,777
Total Investment Income (Loss)	35,846,928	40,714,457
Less: Investment Expenses	(559,387)	(482,775)
Net Investment Income (Loss)	35,287,541	40,231,682
Contributions:		
Employer	42,330,602	30,968,921
Reciprocity received	2,682,108	442,171
Reciprocity paid	(9,093,355)	(5,740,173)
Total Contributions	35,919,355	25,670,919
Other Income	-	181
<b>Total Additions</b>	71,206,896	65,902,782
<b>Deductions from Net Assets</b>		
Participant Benefits Paid	20,458,728	20,154,963
Administrative Expenses:		
Actuary	78,375	85,950
Administrative manager	165,231	128,846
Attorney	79,954	76,696
Audit and payroll compliance	59,026	43,636
Consultant - investments	115,000	117,083
ERTS fee	2,480	3,927
Insurance	33,509	39,957
PBGC premium	147,149	116,970
Postage, printing and other administrative	27,707	31,847
Trustee conferences and meetings expense	2,993	4,045
Total Administrative Expenses	711,424	648,957
<b>Total Deductions</b>	21,170,152	20,803,920
<b>Change in Net Assets Available for Benefits</b>	50,036,744	45,098,862
Transfer of Assets - Merger	-	21,498,070
<b>Net Assets Available for Benefits:</b>		
Beginning of Year	314,909,583	248,312,651
End of Year	\$ 364,946,327	\$ 314,909,583

See Independent Auditors' Report and Notes to Financial Statements.

**IBEW Local 683  
Pension Fund Pension Plan**

Statement of Accumulated Plan Benefits  
As of December 31, 2023

	<u>2023</u>
<b>Actuarial Present Value of Accumulated Plan Benefits</b>	
Vested Benefits:	
Participants currently receiving benefits	\$ 187,319,058
Other participants	<u>159,997,714</u>
	347,316,772
Nonvested Benefits	<u>14,471,031</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b><u><u>\$ 361,787,803</u></u></b>

See Independent Auditors' Report and Notes to Financial Statements.

**IBEW Local 683  
Pension Fund Pension Plan**

Statement of Changes in Accumulated Plan Benefits  
For the Year Ended December 31, 2023

	<u>2023</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year</b>	\$ 323,984,452
<b>Increase (Decrease) During Year</b>	
<b>Attributable to:</b>	
Decrease in discount period	21,199,828
Plan amendment	(3,155,659)
Benefits paid	(20,154,963)
Plan experience and benefit accrual	<u>39,914,145</u>
<b>Net Change</b>	<u>37,803,351</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at End of Year</b>	<u><u>\$ 361,787,803</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note A - Description of Plan

The following brief description of the IBEW Local 683 Pension Fund Pension Plan (“Plan”) is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

### General

The Plan (and related trust) was established with an effective date of June 1, 1966. The Plan is a multi-employer defined benefit pension plan established pursuant to a collective bargaining agreement (“CBA”) between the International Brotherhood of Electrical Workers 683, 688, and 1105 (“Locals”) representing the employees, and the Columbus Division of the Central Ohio Chapter, National Electrical Contractors Association (“Association”) to provide retirement, death, and disability benefits for eligible participants and beneficiaries. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participant agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the Board of Trustees (“Trustees”) and is governed by a board consisting of equal representation from the participating employers and the Locals.

### Funding Policy

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA 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 collective bargaining agreement. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan’s actuary has certified that the minimum funding requirements of ERISA have been met as of December 31, 2024.

### Normal Retirement Age

Normal retirement age is age 62 and requires 5 years of vesting service.

### Pension Benefits

Members with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age. The Plan permits early retirement with reduced benefits at age 55 with 5 years of vesting service. Members may elect to receive their pension benefits in the form of a joint and survivor annuity. If members terminate before rendering 5 years of service, they forfeit the right to receive Plan benefits.

### Death Benefits

A surviving spouse of a vested participant who dies before retirement will be entitled to receive a Qualified Pre-Retirement and Survivor Annuity, or a Pre-Retirement Death Benefit as defined in the Plan agreement.

If a vested member is not married and dies before retirement, their beneficiary shall be eligible to receive monthly income in an amount equal to 70% through December 31, 2022 and 100% beginning January 1, 2023 of the Accrued Benefit as of the date of death for 60 months.

If a vested member dies after pension payments have begun, benefits will be paid in accordance with the form of benefit distribution applicable to the member as defined in the Plan agreement.

# IBEW Local 683

## Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

### Note A - Description of Plan (continued)

#### Disability Benefits

Active members must have 5 years of service, must be disabled for a continuous period of not less than 12 months and submit proof of a Social Security Disability Award. If the member is unable to provide proof of a Social Security Disability award and meets all other requirements, years of service becomes 10. Members who meet these eligibility requirements will receive a monthly benefit (payable in the Normal Form of Benefit payments) equal to the member's full Accrued Benefit as of the date determined to be totally and permanently disabled.

### Note B - Summary of Significant Accounting Policies

#### Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

#### Investment Valuation and Income Recognition

All investments of the Plan are nonparticipant directed investments. Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and (losses) on investments bought, sold, and held during the year.

#### Employer Contributions Receivable

Employer contributions receivable are based on actual collections subsequent to year end. Delinquent employer contributions are not included in employer contributions receivable as management does not consider delinquent amounts to be collectible. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial. See the "Funding Policy" section of Note A for additional information regarding employer contributions.

#### Reciprocity Agreements

The Plan has signed reciprocity agreements with other IBEW Locals. Amounts due from or due to other IBEW Locals are recorded as reciprocal contributions receivable or payable, respectively.

#### Payment of Benefits

Benefits are paid monthly to eligible pensioners and their beneficiaries on the first day of the month. Benefit payments are recorded upon distribution.

#### Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the Plan agreement. Certain 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. In addition, certain investment related expenses are included in net investment income (loss) presented in the accompanying statements of changes in net assets available for benefits.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note B - Summary of Significant Accounting Policies (continued)

### Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with this year's presentation.

## Note C - 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 for the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries.

Benefits under the Plan are accumulated based on employer contributions made on behalf of a member and anticipated years of credited service. The accumulated plan benefits for active members are based on data for the year ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, including retirement, death, and disability, are included to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The Plan's actuaries determined the actuarial present value of accumulated plan benefits, which is the 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 possibility of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The most recent actuarial valuation was prepared by Cuni, Rust & Strenk. The significant actuarial assumptions used in the valuation as of December 31, 2023 were as follows:

Interest rates: 1) Funding/Withdrawal Liability - 7.00%, 2) Current Liability - 3.29%, 3) ASC 960 - 6.75%.

Termination/disability rates: Termination with less than 2 years of service - 0.10; 2 to 3 years of service - 0.08; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.07724	0.00078
35	0.06276	0.00130
45	0.03975	0.00273
55	0.00939	0.00715
65	0.00000	0.00000

Life expectancy of participants: 1) Non-disabled - Blue Collar adjusted Pri-2012, 2) Retired - Blue Collar adjusted Pri-2012 Retiree, 3) Survivor - Blue Collar adjusted Pri-2012 Contingent Survivor, 4) Disabled - Pri-2012 Disabled Retiree, 5) Weighting - Amount-weighted, 6) Future Improvement - Projected generationally using Scale MP-2021, 7) Current Liability - 2024 Static Mortality Table (IRS Notice 2023-73).

Actuarial cost method: Unit credit

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note C - Actuarial Present Value of Accumulated Plan Benefits (continued)

Retirement rates:

Age	Actives		
	<30 Years of Service	>30 Years of Service	Term Vested
55	0.01	0.05	0.05
56-58	0.01	0.05	0.01
59-60	0.15	0.40	0.05
61	0.15	0.40	0.15
62	0.40	0.50	0.30
63-64	0.15	0.50	0.15
65	0.40	1.00	0.25
66-71	0.30	1.00	0.50
72-74	1.00	1.00	0.50
75	1.00	1.00	1.00

Payment form elections: 1) 5-year C&L - 42%, 2) 10-Year C&L - 0%, 3) 50% J&S - 33%, 4) 75% J&S - 25%, 5) Bridge Payment - 0%

Percent married/spousal age: 80% with husbands 3 years older than their wives.

Number of hours worked: 1,800 per year

Expense load: \$530,000 increasing by 2.50% per year

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding benefit information date, December 31, 2022, to the current benefit information date, December 31, 2023, are as follows:

- The current liability interest rate increased from 2.25% to 3.29%. The current liability mortality assumption has been updated, as mandated.
- The expense load increased from \$400,000 to \$530,000.

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

Information shown in the statement of accumulated plan benefits and statement of changes in accumulated plan benefits at and for the year ended December 31, 2023 was provided by the actuary's report. Participants should refer to the Cuni, Rust and Strenk report dated November 19, 2024 for additional information.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note C - Actuarial Present Value of Accumulated Plan Benefits (continued)

Since information on the accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included in the financial statements, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Plan is presented as of December 31, 2023.

## Note D - 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 members or their beneficiaries have been receiving for at least three years, or that members 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) up to the applicable limitations.
3. All other 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 types of 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 and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Participants should refer to the Plan agreement for more complete information concerning vesting, benefits, and other provisions.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note E - Investments and 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under FASB ASC Topic 820 are described as follows:

### Level 1 Fair Value Measurements

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

### Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are delivered principally from or corroborated 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 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

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

Money market funds: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. 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 and are therefore reported as level 1.

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

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note E - Investments and Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 59,272	\$ -	\$ -	\$ 59,272
Mutual funds	116,196,487	-	-	116,196,487
Total Assets in Fair Value Hierarchy	\$ 116,255,759	\$ -	\$ -	116,255,759
Investments Valued at NAV				240,230,626
Total				\$356,486,385

There were no level 2 or 3 investments as of December 31, 2024.

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 663,318	\$ -	\$ -	\$ 663,318
Mutual funds	101,977,264	-	-	101,977,264
Total Assets in Fair Value Hierarchy	\$ 102,640,582	\$ -	\$ -	102,640,582
Investments Valued at NAV				209,817,794
Total				\$312,458,376

There were no level 2 or 3 investments as of December 31, 2023.

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of December 31, 2024 and December 31, 2023.

	2024	2023	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	\$ 2,007,774	\$ 1,961,520	Monthly	See (a)
Common collective trust (b)	133,107,718	115,799,153	Daily	See (b)
Common collective trust (c)	7,179,143	8,434,922	Quarterly	12 months
Private REIT (d)	5,049,802	4,932,052	Quarterly	See (d)
103-12 investment entity (e)	47,780,219	40,819,096	Monthly	See (e)
103-12 investment entity (f)	32,285,730	29,936,346	Monthly	See (f)
103-12 investment entity (g)	5,357,387	-	Monthly	See (g)
Limited partnership (h)	7,462,853	7,934,705	Quarterly	See (h)
	\$ 240,230,626	\$ 209,817,794		

- a) Common collective trust: this represents a single investment in the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) which invests in a portfolio composed primarily of mortgage-backed securities, with higher yield, higher credit quality and similar interest rate risks as the Barclays Capital Aggregate Bond Index. Redemptions are permitted monthly with a 15-day notice period.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note E - Investments and Fair Value Measurements (continued)

- b) Common collective trust: the IBEW-NECA Equity Index Fund's objective is to, as nearly as practical, replicate the performance of the Standard and Poor's 500 Index by purchase and resale of those equities which compose the S&P 500 Index. The valuation of the Fund is performed as of the close of business on each day on which the New York Stock Exchange is open for business. Units are issued and redeemed daily at net asset value per unit. Notice of intention with respect to admissions and withdrawals must be given before 3:00 PM eastern time of the valuation date. Settlement occurs on the next business day after the valuation date. There is no lockup period or other restrictions on withdrawals.
- c) Common collective trust: The ASB Allegiance Real Estate Fund is a common collective trust composed of real estate assets. The valuation of the real estate investments is based on real estate appraisals prepared externally by independent real estate appraisers, unless the real estate investment was acquired during the current quarter or is expected to be sold in the near term. If market data is not readily available, fair value is based upon other significant unobservable inputs, such as assumptions about the inputs market participants would use in valuing the investment.
- d) The INDURE REIT LLC invests solely in the INDURE Build to Core Fund, LLC which is a fund that is valued based on NAV. During the first two years following initial investment, redemption is limited to a maximum of 20% of the investment balance. Following the two-year period, redemptions are permitted daily with a one-day notice period.
- e) 103-12 investment entity: Western Asset US Core Plus, LLC represents an investment in various sectors of the debt and fixed-income markets. The fund's primary objective is to add value, minimize risk, and maximize the long-term total return. Units may be issued when a new subscription is purchased and are valued monthly at net asset value.
- f) 103-12 investment entity: this represents an investment that is a sub-fund of Arrowstreet US Group Trust and is a hedge fund operated by Arrowstreet Capital, LP. The purpose of the group trust is to permit employee benefit plans and certain governmental plans to combine their assets into various investment funds, primarily long positions. The objective is to provide returns in excess of the equity market. Units may be issued upon a specified trade date and are valued monthly at net asset value.
- g) 103-12 investment entity: The Ullico Infrastructure Tax-Exempt Fund's objective is to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. The fund is valued quarterly.
- h) Boyd Watterson GSA Fund, LP is the sole Class A shareholder of the Boyd Watterson GSA REIT. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund. The intention of the Fund is to invest primarily in real estate primarily leased to the U.S. federal government.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## **Note F - Tax Status**

The plan obtained its latest determination letter on September 2, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and 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.

## **Note G - Related Party and Party in Interest Transactions**

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA. Such fees are included on the statements of changes in net assets available for benefits.

The Plan pays fees for Trustees to attend conferences and meetings in order for them to continue their education regarding their duties and responsibilities. Reimbursements payable to the Trustees for such fees totaled \$0 as of the years ended December 31, 2024 and 2023, respectively, which is included in accounts payable - administrative expenses on the statements of net assets available for benefits. Total expenses for these conferences and meetings are included on the statements of changes in net assets available for benefits.

The Plan shares common governance with related organizations including the International Brotherhood of Electrical Workers 683, 688, and 1105 Unions, the Columbus Division of the Central Ohio Chapter National Electrical Contractors Association, IBEW 683 Profit Sharing Annuity Plan, IBEW 683 Health and Welfare Plan, and IBEW 683 Education Plan, all of which are tax-exempt.

## **Note H - Risks and Uncertainties**

### **Investments**

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.

### **Concentration of Cash**

The Plan maintains its cash in bank deposit accounts at one financial institution. The balances, at times, may exceed current federally insured limits through the Federal Deposit Insurance Corporation of \$250,000 per institution.

### **Significant Participating Employers**

During the year ended December 31, 2024, four employers represented 55% of total employer contributions to the Plan. During the year ended December 31, 2023, three employers represented 50% of total employer contributions to the Plan. In the event one of these employers was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note H - Risks and Uncertainties (continued)

### Actuarial Present Value of Accumulated Plan Benefits

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

## Note I - Plan Merger

Effective June 1, 2023, the IBEW Local 688 Pension Plan merged into the IBEW Local 683 Pension Fund Pension Plan, with the Local 683 Plan remaining as the successor Plan. The IBEW Local 683 Pension Fund Pension Plan received a notification letter on May 22, 2023 from the PBGC advising that the merger complies with all applicable requirements and the merger request was approved.

The IBEW Local 688 Pension Plan is a multi-employer defined benefit pension plan covering Mansfield, Ohio and the surrounding area. The changes in net assets available for benefits relating to the activity within the IBEW Local 688 Pension Plan, beginning at the effective date of the merger but prior to the Plan closing its accounts, are reflected in the IBEW Local 683 Pension Fund Pension Plan's statement of changes in net assets available for benefits for the year ended December 31, 2023. The total net assets available for benefits that transferred to the Plan as a result of the merger are reflected within the statement of net assets available for benefits as of December 31, 2023 and on the statement of changes in net assets available for benefits for the year then ended. The cumulative effect on the accumulated plan benefits as a result of the merger was reflected in the Plan's actuary's January 1, 2024 valuation.

Plan participants should refer to the plan agreement for further details as to the implementation and changes in benefits, contributions, vesting, and all other plan provisions as a result of the merger.

## Note J - Plan Amendments

During the plan year ended December 31, 2024, the Plan was amended for the following:

- Effective January 1, 2024 and executed December 22, 2023, the Plan agreement was amended to implement a temporary waiver of suspension of benefits for calendar year 2024, as well as a contribution credit reward for participants that become eligible for a normal retirement benefit or unreduced early retirement benefit.
- Effective September 19, 2024 and executed December 19, 2024, the Plan agreement was amended to increase the maximum balance in which participants' accrued benefits may be involuntarily cashed out by the Plan.

# IBEW Local 683 Pension Fund Pension Plan

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## **Note K - Subsequent Events**

Effective January 1, 2025 and executed March 20, 2025, the Plan agreement was amended to continue the temporary waiver of suspension of benefits from calendar year 2024 through calendar year 2025. The amendment also implemented a special adjustment to calendar year 2025 retirement benefits, where retired participants in pay status at January 1, 2025 will receive one additional benefit payment.

Effective January 1, 2025 and executed June 24, 2025, the Plan agreement was amended to provide for a "fresh start" regarding the calculation of withdrawal liability.

Effective January 1, 2026 and executed June 24, 2025, the Plan agreement was amended to increase the benefit accrual rate.

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

**IBEW Local 683**  
**Pension Fund Pension Plan**  
FEIN 34-1442087, PN 001

Schedule H, Line 4i  
Schedule of Assets (Held at End of Year)  
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<b><u>Money Market Funds</u></b>				
	Blackrock Liquidity Funds Fedfund	346.3000 shares	\$ 346	\$ 346
*	Meeder Institutional Prime MM	58,925.5700 shares, variable rate	58,926	58,926
			59,272	59,272
<b><u>Mutual Funds</u></b>				
	Baird Aggregate Bond Fund	4,961,462.7170 shares	54,642,332	47,878,115
	Harbor FDS Diversified Retirement	2,699,919.0830 shares	28,111,673	32,534,025
	Vanguard Extended Market Index Fund	248,381.6640 shares	23,491,123	35,784,347
			106,245,128	116,196,487
<b><u>Common Collective Trusts</u></b>				
*	AFL-CIO Housing Investment Trust	2,089.9470 units	2,210,673	2,007,774
*	IBEW-NECA Equity Index Fund	1,023,681.0996 shares	19,785,386	133,107,718
	ASB Allegiance Real Estate Fund	5,099.8076 shares	7,589,331	7,179,143
			29,585,390	142,294,635
<b><u>Private Real Estate Investment Trust</u></b>				
*	INDURE Build-to-Core Fund LLC	2,083.4903 units	3,316,727	5,049,802
<b><u>103-12 Investment Entities</u></b>				
*	Western Asset US Core Plus, LLC	2,149,744.3800 units	50,819,946	47,780,219
	Arrowstreet International Equity Fund	117,738.0000 units	20,000,000	32,285,730
*	Ullico Infrastructure Tax-Exempt Fund, LP	17,998.1416 units	4,958,723	5,357,387
			75,778,669	85,423,336
<b><u>Limited Partnership</u></b>				
*	Boyd Watterson GSA Fund, LP	7,566.1200 units	7,500,000	7,462,853
<b>Total Assets Held For Investment</b>			<b>\$ 222,485,186</b>	<b>\$ 356,486,385</b>

\* Denotes party in interest

See Independent Auditors' Report.

**IBEW Local 683**  
**Pension Fund Pension Plan**  
 FEIN 34-1442087, PN 001

Schedule H, Line 4j  
 Schedule of Reportable Transactions  
 For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Gain or (Loss)
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None.

See Independent Auditors' Report.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <b>IBEW LOCAL 683 PENSION FUND PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>IBEW LOCAL 683 BOARD OF TRUSTEES</b>  <b>COREY WIRTH</b> <b>5735 ELIZABETH AVENUE</b>  <b>ST. LOUIS MO 63110</b>	<b>1c</b> Effective date of plan <b>06/01/1966</b>	<b>2b</b> Employer Identification Number (EIN) <b>**-***2087</b>
	<b>2c</b> Plan Sponsor's telephone number <b>314-752-2330</b>	<b>2d</b> Business code (see instructions) <b>238210</b>

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

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

SIGN HERE		10-13-25	PAT HOOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

## 2024 Form 5500 e-file Signature Authorization

IBEW LOCAL 683 BOARD OF TRUSTEES  
IBEW LOCAL 683 PENSION FUND PENSION PLAN 001  
5735 Elizabeth Avenue  
St. Louis, MO 63110

Employer Identification Number: \*\*-\*\*\*2087

Client Identification Number: IBEW683PF

You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2024 Form 5500 for IBEW LOCAL 683 PENSION FUND PENSION PLAN as an EFAST2 Service Provider.

### Authorization

As plan administrator for IBEW LOCAL 683 PENSION FUND PENSION PLAN, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization \_\_\_\_\_

Date: 10-13-25



**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1. Effective Date: June 1, 1966.
  
2. Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>.
  
3. Eligibility/Covered Employees: January 1<sup>st</sup> or July 1<sup>st</sup> coincident with or following 435 hours worked in employment covered by the Local 683/1105 Collective Bargaining Agreements.
  
4. Year of Service: 1 Year for each Plan Year with 435 hours worked.
  
5. Benefit Service: 1 Year for each Plan Year with 1,800 hours worked at the base journeyman rate, pro-rated for hours worked other than 1,800 and for contribution rates other than the base journeyman rate.
  
6. Normal Retirement:
  - a. Eligibility Age 62 and 5 Years of Service.
  - b. Monthly Benefit

<u>Effective Date</u>	<u>Benefit Credit</u>
January 1, 2004	\$100
January 1, 2008	\$110
January 1, 2014	\$120
January 1, 2022	\$130
January 1, 2024	\$140

Prior to January 1, 2004 the benefit was 3.25% of contributions.
  
7. Vested Retirement:
  - a. Eligibility 5 Years of Service.
  - b. Monthly Benefit Calculated as for Normal or Early Retirement.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

8. Early Retirement:

- a. Eligibility Age 55 and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with benefit reduced  $\frac{1}{2}$  of 1% for each month that Early Retirement precedes Normal Retirement or age 60 with 30 Years of Vesting Service.

9. Disability Retirement:

- a. Eligibility Total and Permanent Disability and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement, payable immediately with no reduction for early commencement.

10. Pre-Retirement Death:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses.  
  
Minimum benefit of 100% of accrued benefit payable immediately for 60 months (payable to both surviving spouses and beneficiaries of unmarried participants).

11. Actuarial Equivalency:

UP-1984 Mortality Table, set-back 5 years for spouses at 6.50%.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

12. Contribution Credit Reward:

- a. Eligibility Active and eligible for Unreduced Early Retirement or Normal Retirement.
- b. Benefit Amount Annual payment of \$6 per hour worked during the prior year, prorated for contribution rates lower than the journeyman rate.

13. Payment Forms:

- a. Normal 5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity, unreduced for Pop-Up (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% Joint & Survivor Annuity, unreduced for Pop-Up (QOSA), 10-Year Certain & Life Annuity, and Bridge Payment Annuity.

14. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
May 27, 2019	\$6.27
June 1, 2020	\$6.52
May 31, 2021	\$6.77
May 30, 2022	\$7.02
June 1, 2023	\$7.27

15. Changes Since Last Year:

Effective January 1, 2024, the Contribution Credit Reward was added for participants working beyond their Normal or Unreduced Early Retirement Age and Late Retirement increases will no longer be provided for Participants who work past their Normal Retirement Age.

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1. Interest Rates:

- a. Funding / Withdrawal Liability 7.00%.
- b. Current Liability 3.29%.

2. Mortality Rates:

- a. Funding / Withdrawal Liability
  - i. Non-Disabled Blue Collar adjusted Pri-2012.
  - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
  - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
  - iv. Disabled Pri-2012 Disabled Retiree.
  - v. Weighting Amount-weighted.
  - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Static Mortality Table (IRS Notice 2023-73).

3. Actuarial Cost Method: Unit Credit.

4. Number of Hours Worked: 1,800 per year.

5. Termination/Disability Rates: Termination with less than 2 Years of Service – 0.10;  
2 to 3 Years of Service – 0.08; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.07724	0.00078
35	0.06276	0.00130
45	0.03975	0.00273
55	0.00939	0.00715
65	0.00000	0.00000

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

7. Retirement Rates:

<u>Age</u>	<u>Actives</u>		<u>Terminated Vested</u>
	<u>&lt;30 Years of Service</u>	<u>&gt;30 Years of Service</u>	
55	0.01	0.05	0.05
56-58	0.01	0.05	0.01
59-60	0.15	0.40	0.05
61	0.15	0.40	0.15
62	0.40	0.50	0.30
63-64	0.15	0.50	0.15
65	0.40	1.00	0.25
66-71	0.30	1.00	0.50
72-74	1.00	1.00	0.50
75	1.00	1.00	1.00

The weighted average retirement age is 61.4.

8. Payment Form Election:

<u>Payment Forms</u>	<u>% Electing</u>
5-Year C&L	42%
10-Year C&L	0%
50% J&S	33%
75% J&S	25%
Bridge Payment	0%

9. Expense Load: \$530,000 increasing by 2.5% per year.

10. Actuarial Value of Assets:

Market Value of Assets less  $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$  of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Changes Since Last Year:

The expense load was updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

**Rationale for Selection of Significant Actuarial Assumptions:**

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
  
2. Withdrawal Liability Interest Rate: Funding interest rate as prescribed by the proposed PBGC withdrawal liability regulations.
  
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
  
4. Retirement Rates: Based on the Plan's most recent experience study.
  
5. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
  
6. Termination/Disability Rates: Based on the Plan's most recent experience study.
  
7. Payment Form Election: Based on the Plan's most recent experience study.
  
8. Expense Load: Based on prior year administrative expenses.

**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 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.

<b>A</b> Name of plan <u>IBEW Local 683 Pension Fund Pension Plan</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Board of Trustees, IBEW Local 683 Pension Fund Pension Plan</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1442087</u>

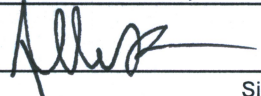
**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

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

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>314,909,583</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>327,396,635</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>351,419,175</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>351,419,175</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ....	<b>1d(1)</b>	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>600,844,341</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>28,291,737</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>21,205,871</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>21,735,871</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.

<b>SIGN HERE</b>		<u>10-14-25</u>
<u>Allen L. Pauly</u>	Signature of actuary	Date
<u>Cuni, Rust &amp; Strenk</u>	Type or print name of actuary	<u>23-08895</u>
<u>4555 Lake Forest Drive - Suite 620</u>	Firm name	Most recent enrollment number
<u>US Cincinnati OH 45242-3760</u>	Address of the firm	<u>(513) 891-0270</u>
		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

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

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	314,909,583
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	1,115	258,911,188
(2) For terminated vested participants .....	589	80,399,121
(3) For active participants:		
(a) Non-vested benefits .....		14,831,654
(b) Vested benefits .....		246,702,378
(c) Total active .....	2,325	261,534,032
(4) Total .....	4,029	600,844,341
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	52.41 %

**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
01/01/2024	0				
12/31/2024	35,919,355				
<b>Totals ▶</b>			<b>3(b)</b>	35,919,355	<b>3(c)</b>
					0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	93.2 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is:	<b>4f</b>	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to 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):

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

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability .....		<b>6a</b>	3.29	%
<b>b</b> Rates specified in insurance or annuity contracts .....	Pre-retirement			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Post-retirement		
<b>c</b> Mortality table code for validation purposes:				
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<b>(1)</b> Males .....	<b>6c(1)</b>	9P	<b>9P</b>	
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP	<b>9FP</b>	
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00	%	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A	
<b>f</b> Withdrawal liability interest rate:				
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A		
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00	%	
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.5	%	
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	15.3	%	
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A		
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%		
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b .....	<b>6i(2)</b>	530,000		
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>		

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

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

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	11,144,999

<b>c</b> 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 .....	<b>9c(1)</b>	81,125,741	13,045,865
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....		<b>9d</b>	1,693,361
<b>e</b> Total changes. Add lines 9a through 9d .....		<b>9e</b>	25,884,225
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any .....		<b>9f</b>	40,374,292
<b>g</b> Employer contributions. Total from column (b) of line 3 .....		<b>9g</b>	35,919,355
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date .....	<b>9h</b>	16,728,909	2,539,522
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....		<b>9i</b>	4,239,882
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	94,190,905	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	237,568,310	
(3) FFL credit .....		<b>9j(3)</b>	0
<b>k</b> (1) Waived funding deficiency .....		<b>9k(1)</b>	0
(2) Other credits .....		<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....		<b>9l</b>	83,073,051
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....		<b>9m</b>	57,188,826
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....		<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year .....		<b>9o(1)</b>	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 .....		<b>9o(2)(a)</b>	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....		<b>9o(2)(b)</b>	0
(3) Total as of valuation date .....		<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....		<b>10</b>	0
<b>11</b> 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 MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1. Effective Date: June 1, 1966.
  
2. Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>.
  
3. Eligibility/Covered Employees: January 1<sup>st</sup> or July 1<sup>st</sup> coincident with or following 435 hours worked in employment covered by the Local 683/1105 Collective Bargaining Agreements.
  
4. Year of Service: 1 Year for each Plan Year with 435 hours worked.
  
5. Benefit Service: 1 Year for each Plan Year with 1,800 hours worked at the base journeyman rate, pro-rated for hours worked other than 1,800 and for contribution rates other than the base journeyman rate.
  
6. Normal Retirement:
  - a. Eligibility Age 62 and 5 Years of Service.
  
  - b. Monthly Benefit

<u>Effective Date</u>	<u>Benefit Credit</u>
January 1, 2004	\$100
January 1, 2008	\$110
January 1, 2014	\$120
January 1, 2022	\$130
January 1, 2024	\$140

Prior to January 1, 2004 the benefit was 3.25% of contributions.
  
7. Vested Retirement:
  - a. Eligibility 5 Years of Service.
  
  - b. Monthly Benefit Calculated as for Normal or Early Retirement.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

8. Early Retirement:

- a. Eligibility Age 55 and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with benefit reduced  $\frac{1}{2}$  of 1% for each month that Early Retirement precedes Normal Retirement or age 60 with 30 Years of Vesting Service.

9. Disability Retirement:

- a. Eligibility Total and Permanent Disability and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement, payable immediately with no reduction for early commencement.

10. Pre-Retirement Death:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses.  
  
Minimum benefit of 100% of accrued benefit payable immediately for 60 months (payable to both surviving spouses and beneficiaries of unmarried participants).

11. Actuarial Equivalency:

UP-1984 Mortality Table, set-back 5 years for spouses at 6.50%.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

12. Contribution Credit Reward:

- a. Eligibility Active and eligible for Unreduced Early Retirement or Normal Retirement.
- b. Benefit Amount Annual payment of \$6 per hour worked during the prior year, prorated for contribution rates lower than the journeyman rate.

13. Payment Forms:

- a. Normal 5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity, unreduced for Pop-Up (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% Joint & Survivor Annuity, unreduced for Pop-Up (QOSA), 10-Year Certain & Life Annuity, and Bridge Payment Annuity.

14. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
May 27, 2019	\$6.27
June 1, 2020	\$6.52
May 31, 2021	\$6.77
May 30, 2022	\$7.02
June 1, 2023	\$7.27

15. Changes Since Last Year:

Effective January 1, 2024, the Contribution Credit Reward was added for participants working beyond their Normal or Unreduced Early Retirement Age and Late Retirement increases will no longer be provided for Participants who work past their Normal Retirement Age.

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1. Interest Rates:

- a. Funding / Withdrawal Liability 7.00%.
- b. Current Liability 3.29%.

2. Mortality Rates:

- a. Funding / Withdrawal Liability
  - i. Non-Disabled Blue Collar adjusted Pri-2012.
  - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
  - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
  - iv. Disabled Pri-2012 Disabled Retiree.
  - v. Weighting Amount-weighted.
  - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Static Mortality Table (IRS Notice 2023-73).

3. Actuarial Cost Method: Unit Credit.

4. Number of Hours Worked: 1,800 per year.

5. Termination/Disability Rates: Termination with less than 2 Years of Service – 0.10;  
2 to 3 Years of Service – 0.08; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.07724	0.00078
35	0.06276	0.00130
45	0.03975	0.00273
55	0.00939	0.00715
65	0.00000	0.00000

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

7. Retirement Rates:

<u>Age</u>	<u>Actives</u>		<u>Terminated Vested</u>
	<u>&lt;30 Years of Service</u>	<u>&gt;30 Years of Service</u>	
55	0.01	0.05	0.05
56-58	0.01	0.05	0.01
59-60	0.15	0.40	0.05
61	0.15	0.40	0.15
62	0.40	0.50	0.30
63-64	0.15	0.50	0.15
65	0.40	1.00	0.25
66-71	0.30	1.00	0.50
72-74	1.00	1.00	0.50
75	1.00	1.00	1.00

The weighted average retirement age is 61.4.

8. Payment Form Election:

<u>Payment Forms</u>	<u>% Electing</u>
5-Year C&L	42%
10-Year C&L	0%
50% J&S	33%
75% J&S	25%
Bridge Payment	0%

9. Expense Load: \$530,000 increasing by 2.5% per year.

10. Actuarial Value of Assets:

Market Value of Assets less  $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$  of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Changes Since Last Year:

The expense load was updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

**Rationale for Selection of Significant Actuarial Assumptions:**

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rate: Funding interest rate as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
4. Retirement Rates: Based on the Plan's most recent experience study.
5. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
6. Termination/Disability Rates: Based on the Plan's most recent experience study.
7. Payment Form Election: Based on the Plan's most recent experience study.
8. Expense Load: Based on prior year administrative expenses.

**Schedule MB, line 7 – New Amortization Bases Established.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

<u>(1) Type of base</u>	<u>(2) Initial balance</u>	<u>(3) Amortization charge/credit</u>
1	6,066,303	622,474
3	(2,945,382)	(302,231)
5	8,113,626	1,158,752
5	(1,905,547)	(323,548)

**Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$1,051,086	\$456,622	\$19,660,129	\$21,167,837
2025	\$2,271,617	\$844,876	\$19,220,349	\$22,336,842
2026	\$3,500,399	\$1,191,584	\$18,756,808	\$23,448,791
2027	\$4,665,157	\$1,536,708	\$18,265,608	\$24,467,473
2028	\$5,662,295	\$1,865,716	\$17,735,515	\$25,263,526
2029	\$6,463,672	\$2,136,197	\$17,199,129	\$25,798,998
2030	\$7,227,817	\$2,418,910	\$16,658,447	\$26,305,174
2031	\$7,876,125	\$2,698,278	\$16,098,904	\$26,673,307
2032	\$8,539,161	\$2,964,112	\$15,521,492	\$27,024,765
2033	\$9,187,127	\$3,209,477	\$14,913,519	\$27,310,123
2034	\$9,828,325	\$3,441,237	\$14,297,744	\$27,567,306
2035	\$10,344,593	\$3,655,816	\$13,675,213	\$27,675,622
2036	\$10,830,511	\$3,846,279	\$13,040,641	\$27,717,431
2037	\$11,278,456	\$4,008,345	\$12,395,722	\$27,682,523
2038	\$11,766,870	\$4,149,453	\$11,742,211	\$27,658,534
2039	\$12,195,173	\$4,289,515	\$11,081,948	\$27,566,636
2040	\$12,562,083	\$4,418,083	\$10,416,957	\$27,397,123
2041	\$12,922,953	\$4,512,077	\$9,749,456	\$27,184,486
2042	\$13,235,352	\$4,581,359	\$9,081,894	\$26,898,605
2043	\$13,527,697	\$4,653,223	\$8,416,918	\$26,597,838
2044	\$13,786,283	\$4,730,607	\$7,757,368	\$26,274,258
2045	\$13,983,164	\$4,792,333	\$7,106,264	\$25,881,761
2046	\$14,167,040	\$4,824,205	\$6,466,873	\$25,458,118
2047	\$14,288,604	\$4,830,630	\$5,842,753	\$24,961,987
2048	\$14,438,794	\$4,811,905	\$5,237,690	\$24,488,389

1/1 Plan Year	Active Participants	Terminated Vested Participant	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$14,490,494	\$4,775,380	\$4,655,637	\$23,921,511
2050	\$14,537,065	\$4,716,881	\$4,100,652	\$23,354,598
2051	\$14,551,640	\$4,630,287	\$3,576,832	\$22,758,759
2052	\$14,543,086	\$4,521,410	\$3,088,076	\$22,152,572
2053	\$14,532,840	\$4,397,370	\$2,637,741	\$21,567,951
2054	\$14,423,334	\$4,258,957	\$2,228,393	\$20,910,684
2055	\$14,223,069	\$4,103,397	\$1,861,565	\$20,188,031
2056	\$13,995,487	\$3,935,596	\$1,537,635	\$19,468,718
2057	\$13,759,473	\$3,760,285	\$1,255,814	\$18,775,572
2058	\$13,501,313	\$3,578,373	\$1,014,252	\$18,093,938
2059	\$13,206,183	\$3,391,158	\$810,224	\$17,407,565
2060	\$12,873,111	\$3,201,444	\$640,393	\$16,714,948
2061	\$12,520,666	\$3,010,585	\$501,044	\$16,032,295
2062	\$12,139,715	\$2,818,836	\$388,291	\$15,346,842
2063	\$11,742,860	\$2,628,471	\$298,282	\$14,669,613
2064	\$11,320,944	\$2,442,069	\$227,363	\$13,990,376
2065	\$10,885,179	\$2,261,104	\$172,176	\$13,318,459
2066	\$10,427,440	\$2,086,309	\$129,714	\$12,643,463
2067	\$9,943,314	\$1,917,775	\$97,375	\$11,958,464
2068	\$9,459,547	\$1,756,161	\$72,958	\$11,288,666
2069	\$8,976,929	\$1,601,911	\$54,651	\$10,633,491
2070	\$8,496,035	\$1,455,148	\$40,992	\$9,992,175
2071	\$8,017,588	\$1,316,075	\$30,826	\$9,364,489
2072	\$7,544,967	\$1,184,841	\$23,258	\$8,753,066
2073	\$7,080,255	\$1,061,475	\$17,613	\$8,159,343

**Schedule MB, line 8b(2) – Schedule of Active Participant Data.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Attained Age	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	0			354		\$ 120	35		\$ 521	0			0		
25 to 29	0			208		\$ 151	100		\$ 668	3			0		
30 to 34	0			234		\$ 145	106		\$ 688	41		\$ 1,359	6		
35 to 39	0			131		\$ 172	75		\$ 694	23		\$ 1,385	46		\$ 1,943
40 to 44	0			98		\$ 195	50		\$ 781	35		\$ 1,352	28		\$ 1,823
45 to 49	0			70		\$ 237	40		\$ 815	25		\$ 1,287	23		\$ 1,825
50 to 54	0			63		\$ 154	26		\$ 707	14			21		\$ 1,746
55 to 59	0			27		\$ 183	14			10			9		
60 to 64	0			12			10			7			8		
65 to 69	0			3			1			2			2		
70 & up	0			2			0			0			0		

Attained Age	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	2			0			0			0			0		
40 to 44	32		\$ 2,440	2			0			0			0		
45 to 49	41		\$ 2,400	31		\$ 2,925	0			0			0		
50 to 54	31		\$ 2,360	37		\$ 2,958	18			4			0		
55 to 59	23		\$ 2,210	41		\$ 2,781	26		\$ 3,373	22		\$ 3,939	2		
60 to 64	14			15			8			10			0		
65 to 69	0			3			0			0			1		
70 & up	0			0			0			0			0		

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1/1 Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$22,566,508	\$0	\$22,566,508
2025	\$22,566,508	\$0	\$22,566,508
2026	\$22,566,508	\$0	\$22,566,508
2027	\$22,566,508	\$0	\$22,566,508
2028	\$22,566,508	\$0	\$22,566,508
2029	\$22,566,508	\$0	\$22,566,508
2030	\$22,566,508	\$0	\$22,566,508
2031	\$22,566,508	\$0	\$22,566,508
2032	\$22,566,508	\$0	\$22,566,508
2033	\$22,566,508	\$0	\$22,566,508

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

**Charge Bases:**

<u>Date</u>	<u>Type</u>	<u>Initial</u>	<u>Rem.</u>	<u>Payment</u>	<u>Remaining</u>
<u>Established</u>		<u>Balance</u>	<u>Years</u>		<u>Balance</u>
01/01/1991	Amendment	\$ 3,239,160	0.63	\$ 160,683	\$ 160,683
01/01/1996	Amendment	5,075,459	4.95	391,131	1,702,399
01/01/2000	Amendment	3,760,258	8.70	287,945	1,958,250
01/01/2000	Assumption	4,435,805	8.70	339,676	2,310,063
01/01/2006	Experience	7,406,564	0.63	491,585	491,585
01/01/2007	Assumption	1,085,660	15.51	82,363	818,118
01/01/2008	Assumption	347,469	2.29	36,019	78,864
01/01/2008	Plan Change	2,438,012	2.29	252,720	553,346
01/01/2009	Assumption	366,376	3.16	37,907	111,378
01/01/2009	Experience	9,665,581	3.16	1,000,076	2,938,410
01/01/2010	Assumption	974,610	4.05	100,670	368,430
01/01/2010	Experience	2,245,739	4.05	231,970	848,957
01/01/2011	Assumption	352,130	4.95	36,308	158,025
01/01/2011	Experience	5,580,233	4.95	575,365	2,504,276
01/01/2012	Assumption	2,888,489	5.87	297,337	1,490,545
01/01/2012	Experience	8,384,921	5.87	863,132	4,326,875
01/01/2013	Assumption	1,215,887	6.81	124,957	704,936
01/01/2013	Experience	5,581,314	6.81	573,594	3,235,883
01/01/2014	Assumption	2,649,541	5.00	275,167	1,207,217
01/01/2015	Assumption	1,674,563	6.00	173,586	885,321
01/01/2016	Experience	2,186,343	7.00	226,224	1,304,527
01/01/2017	Experience	301,533	8.00	31,145	198,991
01/01/2017	Assumption	3,148,095	8.00	325,162	2,077,557
01/01/2018	Assumption	201,980	9.00	20,827	145,186
01/01/2018	Experience	1,122,671	9.00	115,760	806,996
01/01/2019	Experience	7,535,210	10.00	775,669	5,829,335
01/01/2020	Experience	6,264,224	11.00	643,792	5,165,520
01/01/2021	Experience	1,683,266	12.00	172,723	1,467,916
01/01/2021	Assumption	15,984,794	12.00	1,640,228	13,939,766
01/01/2022	Assumption	531,457	13.00	54,534	487,678
01/01/2023	Experience	8,934,718	14.00	916,807	8,579,163
01/01/2023	Amendment	93,330	14.00	9,577	89,616
01/01/2024	Plan Merger *	8,113,626	9.05	1,158,752	8,113,626
01/01/2024	Experience	6,066,303	15.00	622,474	6,066,303
Total Charges				\$13,045,865	\$ 81,125,741

\* Local 688 Plan pre-merger charges were combined in accordance with IRC § 431(b)(5).

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

**Credit Bases:**

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1996	Assumption	\$ 3,570,489	2.00	\$ 278,796	\$ 539,355
01/01/2002	Assumption	1,029,374	8.00	79,465	507,724
01/01/2004	Assumption	3,401,910	10.00	261,733	1,966,979
01/01/2004	Amendment	810,125	10.00	62,328	468,409
01/01/2014	Experience	3,755,049	5.00	389,980	1,710,923
01/01/2015	Experience	1,305,128	6.00	135,290	690,004
01/01/2016	Assumption	586,026	7.00	60,637	349,669
01/01/2019	Assumption	642,588	10.00	66,148	497,112
01/01/2020	Assumption	352,288	11.00	36,206	290,499
01/01/2022	Experience	5,293,345	13.00	543,160	4,857,306
01/01/2024	Plan Merger *	1,905,547	7.19	323,548	1,905,547
01/01/2024	Amendment	2,945,382	15.00	302,231	2,945,382
Total Credits				\$ 2,539,522	\$ 16,728,909
1.	Net Amortization				\$ 64,396,832
2.	Credit Balance				\$ 40,374,292
3.	Balance Test: [(1) - (2)]				\$ 24,022,540
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$351,419,175
	b. Actuarial Value of Assets				327,396,635
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 24,022,540

\* Local 688 Plan pre-merger credits were combined in accordance with IRC § 431(b)(5).

**Schedule MB, line 9f – Explanation of Prior Year Credit Balance/Funding Deficiency Discrepancy.**

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Line 9f (Prior year credit balance) does not equal line 9m (Credit balance) from the 2023 Form 5500 Schedule MB due to a merger with I.B.E.W. Local 688 Pension Plan effective June 1, 2023.

**Schedule MB, line 9 – 2023 Schedule MB:**

	<b>I.B.E.W. 688 Pension Plan</b>		<b>I.B.E.W. 683 Pension Plan</b>	
<b>a</b> Prior plan year funding deficiency, if any	<b>9a</b>	0	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date	<b>9b</b>	368,862	<b>9b</b>	9,248,924
<b>c</b> (1) Amortization charges as of valuation date:	<b>9c(1)</b>	8,483,699	<b>9c(1)</b>	74,702,029
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c	<b>9d</b>	42,387	<b>9d</b>	1,496,935
<b>e</b> Total charges	<b>9e</b>	1,095,311	<b>9e</b>	22,881,709
<b>f</b> Prior year credit balance, if any	<b>9f</b>	4,571,016	<b>9f</b>	28,783,666
<b>g</b> Employer contributions	<b>9g</b>	0	<b>9g</b>	25,670,919
<b>h</b> Amortization credits as of valuation date	<b>9h</b>	2,020,076	<b>9h</b>	13,014,657
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h	<b>9i</b>	191,593	<b>9i</b>	3,032,105
<b>j</b> (3) FFL credit	<b>9j(3)</b>	0	<b>9j(3)</b>	0
<b>k</b> Waived funding deficiency and other credits	<b>9k</b>	0	<b>9k</b>	0
<b>l</b> Total credits	<b>9l</b>	4,950,879	<b>9l</b>	59,400,433
<b>m</b> Credit balance	<b>9m</b>	3,855,568*	<b>9m</b>	36,518,724*
<b>n</b> Funding deficiency	<b>9n</b>	0	<b>9n</b>	0

\* Line 9f (Prior year credit balance) equals \$40,374,292 (\$3,855,568 plus \$36,518,724).

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Effective with the January 1, 2024 valuation, the following assumption was changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was increased from \$400,000 to \$530,000.

**Federal Statements**

FYE: 12/31/2024 **IBEW LOCAL 683 PENSION FUND PENSION PLAN**  
**Plan: 001**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		SCHEDULE ATTACHED	\$	\$

**Federal Statements**

FYE: 12/31/2024 **IBEW LOCAL 683 PENSION FUND PENSION PLAN**  
**Plan: 001**

**Change in Actuarial Assumptions**

Description

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EFFECTIVE WITH THE JANUARY 1, 2024 VALUATION, THE FOLLOWING ASSUMPTION WAS CHANGED BASED UPON HISTORICAL PLAN AND INDUSTRY DATA AS AN INDICATOR OF ANTICIPATED FUTURE EXPERIENCE:

- THE EXPENSE LOAD WAS INCREASED FROM \$400,000 TO \$530,000.