

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [ ] Form 5558 [X] automatic extension [X] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #756 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/11/1974
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES IBEW LOCAL UNION # 756 PENSION FUND
2b Employer Identification Number (EIN): 59-6556447
2c Plan Sponsor's telephone number: 904-902-7174
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, MATTHEW NELSON; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/08/2025, KATIE ENKIRI; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<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>	518
<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>	302
	<b>6a(2)</b>	492
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	492
	<b>6e</b>	
	<b>6f</b>	492
	<b>6g(1)</b>	
<b>6g(2)</b>	492	
<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>	19

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

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

<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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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 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 **05/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #756 PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL UNION # 756 PENSION FUND	<b>D</b> Employer Identification Number (EIN) 59-6556447	

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

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

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

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

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

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

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**(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)

WELLS FARGO ADVISORS

1 INDEPENDENT DRIVE 24TH FLOOR  
JACKSONVILLE, FL 32202

34-1542819

(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	INVESTMENT MANAGEMENT	41799	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)

SMITH, GAMBRELL, & RUSSELL, LLP

50 NORTH LAURA STREET, STE 2600  
JACKSONVILLE, FL 32202

58-0967450

(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	ATTORNEY	38701	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)

WELLS FARGO ADVISORS

1 INDEPENDENT DRIVE 24TH FLOOR  
JACKSONVILLE, FL 32202

34-1542819

(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	INVESTMENT ADVISORY	35000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input 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)

NATIONAL EMPLOYEE BENEFIT ADMIN

8657 BAYPINE ROAD, BLDG.5 STE 200  
JACKSONVILLE, FL 32256

65-0498809

(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?
13 50	CONTRACT ADMINIST	25831	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)

MY BENEFITS ADMINISTRATOR, LLC

P.O. BOX 10132  
FLEMING ISLAND, FL 32006

99-0940151

(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?
13 50	CONTRACT ADMINIST	23250	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)

SAWGRASS ASSET MANAGEMENT LLC

5000 SAWGRASS CIRCLE ST 32  
PONDRA VEDRA, FL 32082

59-3488505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	7595	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)

STEVEN D EISENBERG CPA PA

7700 CONGRESS AVENUE STE 1128  
BOCA RATON, FL 33487

65-0140643

(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	AUDITOR	6975	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 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>	OMB No. 1210-0110  <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>05/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #756 PENSION FUND</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>BOARD OF TRUSTEES IBEW LOCAL UNION # 756 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>59-6556447</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>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1107420
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4451038
<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>	7597270
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	2119036
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	20888598
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<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>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<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>	1095479

<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>	33937094	37258841
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<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>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	33937094	37258841

**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>	1804948	
<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>		1804948
<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>	122987	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	161589	
<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>	28752	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		313328
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	28799	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	212074	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		240873
(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>	30294608	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	27040891	
<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>		3253717
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-528882	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5083984

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1545592	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1545592
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	37081	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	6975	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	84394	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	38701	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	49494	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		216645
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1762237

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3321747
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **STEVEN D. EISENBERG CPA, P.A.**

(2) EIN: **65-0140643**

**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		1000000
<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.		X	

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

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

<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 \_\_\_\_\_.

<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 **05/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #756 PENSION FUND</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>BOARD OF TRUSTEES IBEW LOCAL UNION # 756 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>59-6556447</b>	

<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**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3**

<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.)
----------------	---

**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>1804948</b>
<b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<b>1804948</b>
<b>6 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>	<b>0</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.
----------------	---

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<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>	
<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>	
<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>	

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND**

**Financial Statements - Modified Cash Basis  
with Independent Auditors' Report  
December 31, 2024 and April 30, 2024**

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND APRIL 30, 2024

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## **INDEPENDENT AUDITORS' REPORT**

To: International Brotherhood of Electrical Workers Local Union #756 Pension Fund  
Daytona Beach, Florida

### **Opinion**

We have audited the accompanying financial statements of International Brotherhood of Electrical Workers Local Union #756 Pension Fund, 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 – modified cash basis as of December 31, 2024 and April 30, 2024, the related statements of changes in net assets available for benefits – modified cash basis for the eight month period ended December 31, 2024 and for the twelve month period ended April 30, 2024 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 – modified cash basis of International Brotherhood of Electrical Workers Local Union #756 Pension Fund as of December 31, 2024 and April 30, 2024 and the changes in its net assets available for benefits – modified cash basis for the eight month period ended December 31, 2024 and for the twelve month period ended April 30, 2024, in accordance with the modified cash basis of accounting described on Note 2.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Electrical Workers Local Union #756 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

**MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**  
**MEMBER FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

## INDEPENDENT AUDITORS' REPORT

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 International Brotherhood of Electrical Workers Local Union #756 Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union #756 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

## INDEPENDENT AUDITORS' REPORT

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### **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 – modified cash basis is 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 supplemental 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.

### **Other Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Employer Contributions – modified cash basis and Operating Expenses – modified cash basis is presented for the purpose of additional analysis and is not a required part of the financial statements. 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 our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole.



Steven D. Eisenberg C.P.A., P.A.  
November 24, 2025

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND APRIL 30, 2024

<u>ASSETS</u>	<u>December 31,</u> <u>2024</u>	<u>April 30,</u> <u>2024</u>
Investments - at fair value		
Equities	\$ 20,888,598	\$ 19,769,606
Corporate Bonds	7,597,270	6,963,030
Government Securities	4,451,038	3,777,072
Preferred Stocks	2,119,036	1,451,510
Cash Reserves	1,095,479	1,054,008
	<hr/>	<hr/>
Total Investments	36,151,421	33,015,226
Cash	 <hr/> 1,107,420	 <hr/> 921,868
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <hr/> <u>\$ 37,258,841</u>	 <hr/> <u>\$ 33,937,094</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
EIGHT MONTH PERIOD ENDED DECEMBER 31, 2024 AND  
TWELVE MONTH PERIOD ENDED APRIL 30, 2024

	<u>May 1, 2024 to December 31, 2024</u>	<u>May 1, 2023 to April 30, 2024</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Investment Income:		
Interest and Dividends	\$ 554,201	\$ 653,353
Realized Gains on Sales of Investments	3,253,717	1,102,713
Net Appreciation (Depreciation) in Fair Value of Investments	(528,882)	2,551,723
	<hr/>	<hr/>
	3,279,036	4,307,789
Less: Investment Expense	(84,394)	(186,130)
	<hr/>	<hr/>
Net Investment Income	3,194,642	4,121,659
Employers' Contributions (Net of Reciprocal Transfers)	<hr/>	<hr/>
	1,804,948	2,290,505
Total Additions	<hr/>	<hr/>
	4,999,590	6,412,164
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
Benefits Paid	1,545,592	4,306,544
Operating Expenses	132,251	132,404
	<hr/>	<hr/>
Total Deductions	1,677,843	4,438,948
	<hr/>	<hr/>
<u>NET INCREASE</u>	3,321,747	1,973,216
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning	<hr/>	<hr/>
	33,937,094	31,963,878
Ending	<hr/>	<hr/>
	\$ 37,258,841	\$ 33,937,094

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 1                      DESCRIPTION

The following description of the International Brotherhood of Electrical Workers Local Union #756 Pension Fund provides general information only. Participants should refer to the plan Agreement for more complete information.

**General** – The Plan is a multi-employer defined contribution pension plan covering substantially all eligible members of employers that are parties to a collective bargaining agreement with the International Brotherhood of Electrical Workers Local Union #756. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Change in Fiscal Year-End**

During 2024, the Trustees elected to change the Plan’s fiscal year end from April 30 to December 31. As a result of this change, the accompanying financial statements present the results of operations for an eight-month period of May 1, 2024 to December 31, 2024.

Due to the change in the reporting period, the amounts presented in these financial statements are not directly comparable to those of the prior year. Comparative information for the prior year has not been restated.

**Funding** – Plan benefits are funded by contributions from multiple employers pursuant to a collective bargaining agreement based on the number of hours worked. The current employer contribution are as follows:

<u>Effective Date:</u>	<u>September 2024</u>	<u>September 2020</u>
Base	\$ 3.60	\$ 3.48
Zone 1	\$ 4.70	\$ 4.61

The Plan has a reciprocity agreement through the International Brotherhood of Electrical Workers.

Under the agreement, the Plan is entitled to receive funds from other participating local unions on behalf of participants working within their jurisdiction. The Plan is also required to remit funds collected on behalf of participating local union members working with the jurisdiction of International Brotherhood of Electrical Workers Local Union #756.

Reciprocal funds received are included in employers’ contributions in the Statements of Changes in Net Assets Available for Benefits. During the eight-month period ended December 31, 2024, the Plan remitted \$111,404 of reciprocal payments to other participating Plans. For the twelve-month period ended April 30, 2024, the Plan remitted \$119,131 of reciprocal payments to other participating Plans.

**Individual Participant Accounts** – Contributions are credited to individual accounts maintained for each participant. Each participant’s account is adjusted to reflect the gains and losses resulting from the change in the value of the Plan, as well as reflecting the expense of administration.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 1            DESCRIPTION (continued)

**Vesting** – A member is eligible for participation in the Plan after completing one hour of service for an employer obligated to make a required contribution to the Plan. Participants become vested with all service and value credited on their behalf from the beginning of the Plan Year upon meeting the eligibility requirements.

**Benefits** – Benefits are payable to members at normal retirement, early retirement, late retirement or disability retirement. A termination benefit is payable to members with less than 100 hours worked in a plan year for two consecutive years. A member can elect to have benefits paid in the following manner: (1) monthly payments provided through the purchase of an annuity or (2) payment in a single lump sum. At death, a member's beneficiary is entitled to 100% of the value of their account.

**Forfeiture of Benefits** - Under certain circumstances, members account balance will be forfeited after two consecutive plan years not working in covered employment following normal retirement date.

**Plan Termination** – Although it has not expressed any intention to do so, the parties to the collective bargaining agreement and the Trustees have the right under the plan to discontinue contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

Upon termination of the Plan, each member becomes 100% vested in the amount that has been credited to their individual account. The Plan Trustees are delegated to convert all assets to cash and to distribute the cash to each member based on a ratio computed by applying the member's account balance to the total of all members' accounts. Each member will get his proportionate share after all expenses and costs have been provided for.

NOTE 2            SUMMARY OF ACCOUNTING POLICIES

This summary of accounting policies and information of International Brotherhood of Electrical Workers Local Union #756 Pension Fund is presented to assist in understanding the Fund's financial statements.

**Method of Accounting** – The accompanying financial statements have been prepared on the modified cash basis of accounting. Under this basis, revenues are recognized as collected and expenses are recognized when they are paid. This basis differs from generally accepted accounting principles primarily because the Plan has not recognized balances and the related effect on earnings of contributions receivable from employers and accounts payable to creditors. If an expenditure results in an asset having an estimated useful life which extends substantially beyond the year of acquisition, the expenditure is capitalized.

**Use of Estimates** – The preparation of financial statements requires the Trustees to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 2      SUMMARY OF ACCOUNTING POLICIES (continued)

**Valuation of Investments and Income Recognition** – Investments are valued as 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. Quoted market prices are used to value investments. See Note 3 for discussion of fair value measurements.

Security transactions are accounted for on the date the order to buy or sell is executed. Realized and unrealized gains and losses from security transactions are calculated on the cost basis.

Interest and Dividends are recorded on the cash basis.

**Concentration Risk** – For the eight-month period ended December 31, 2024, approximately 11% or \$219,526 of total contributions was received on behalf of participants working with the jurisdiction of IBEW Local Union #1579.

For the twelve-month period April 30, 2024, approximately 10% or \$235,896 of total contributions was received on behalf of participants working with the jurisdiction of IBEW Local Union #1579.

**Payment of Benefits** - Benefit payments are recorded upon distribution. The Plan pays all benefits directly from the assets of the Plan. Benefits paid for the eight-month period ended December 31, 2024 and for the twelve-month period ended April 30, 2024 totaled \$1,545,592 and \$4,306,544 respectively.

**Operating Expenses** - The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. In addition, investment related expenses are reported as a reduction of investment income presented in the accompanying statements of changes in net assets available for benefits.

**Income Taxes** – The Fund is exempt from income taxes under the Internal Revenue Code. The Plan has been amended since receiving a determination letter. The plan administrator and legal counsel believe that the plan is currently designed and being operated in compliance applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Fund and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3            INVESTMENTS

Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 or non-active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

*Level 3 Fair Value Measurements*

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

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and April 30, 2024.

*United States Government Securities and Corporate Bonds:* Valued at the closing price reported in the active market in which the bond is traded. Others are valued based upon yields currently available on comparative securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

*Common and Preferred Stock:* Valued at the closing price reported on the active market on which the individual security is traded.

*Short Term Reserves:* Valued at period ending amounts.

The Fund's assets at fair value by level are as follows:

Fair Value Measurements at December 31, 2024:

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Equities	\$ 20,888,598	\$ -	\$ -	\$ 20,888,598
Corporate Bonds	-	7,597,270	-	7,597,270
Government Securities	-	4,451,038	-	4,451,038
Preferred Stocks	2,119,036	-	-	2,119,036
Cash Reserves	<u>1,095,479</u>	<u>-</u>	<u>-</u>	<u>1,095,479</u>
	<u>\$ 24,103,113</u>	<u>\$ 12,048,308</u>	<u>\$ -</u>	<u>\$ 36,151,421</u>

Fair Value Measurements at April 30, 2024:

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Equities	\$ 19,769,606	\$ -	\$ -	\$ 19,769,606
Corporate Bonds	-	6,963,030	-	6,963,030
Government Securities	-	3,777,072	-	3,777,072
Preferred Stocks	1,451,510	-	-	1,451,510
Cash Reserves	<u>1,054,008</u>	<u>-</u>	<u>-</u>	<u>1,054,008</u>
	<u>\$ 22,275,124</u>	<u>\$ 10,740,102</u>	<u>\$ -</u>	<u>\$ 33,015,226</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

The Fund has entered into an agreement with Wells Fargo Advisors to serve as custodian, investment monitor and manager, through sub managed accounts.

The following table represents the fair value of those investments at December 31, 2024 and April 30, 2024:

	<u>December 31,</u> <u>2024</u>	<u>April 30,</u> <u>2024</u>
Waycross Investment Management:		
Equities	\$ 7,230,341	\$ 6,236,431
Cash Reserves	54,233	252,193
Principal Global Investors:		
Equities	7,014,142	6,896,214
Cash Reserves	101,374	144,730
Victory Capital Management:		
Corporate Bonds	5,330,505	5,066,524
Preferred Stocks	2,119,036	1,451,510
Cash Reserves	764,654	400,752
MFS Institutional Advisors:		
Equities	6,644,115	6,636,961
Cash Reserves	117,131	144,213
Sawgrass Asset Management:		
Government Securities	4,451,038	3,777,072
Corporate Bonds	2,266,765	1,896,506
Cash Reserves	<u>58,087</u>	<u>112,120</u>
	<u>\$ 36,151,421</u>	<u>\$ 33,015,226</u>

The Plan's investments in a United States Treasury Note totaling \$2,395,503 represents more than 5% of Net Assets Available for Benefits.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

Net Appreciation (Depreciation) in Fair Value of Investments:

Net appreciation (depreciation) consists of the difference between fair value and cost at the end of the period and the fair value and cost of the investments as of the preceding year end.

The Fund's investments appreciated (depreciated) in value as follows:

	<u>December 31,</u> <u>2024</u>	<u>April 30,</u> <u>2024</u>
Preferred Stocks	\$ 241,881	\$ (14,628)
Government Securities	58,137	(5,814)
Corporate Bonds	(149,616)	453,821
Equities	<u>(679,284)</u>	<u>2,118,344</u>
	<u>\$ (528,882)</u>	<u>\$ 2,551,723</u>

Investment Expenses

Investment expenses, consisting of investment management fees and custodial fees, were as follows:

	<u>December 31,</u> <u>2024</u>	<u>April 30,</u> <u>2024</u>
Wells Fargo Advisors	\$ 35,000	\$ 70,000
Victory Capital Management	13,805	27,377
Principal Global Investors	12,666	26,970
MFS Institutional Advisors	10,387	22,675
Sawgrass Asset Management	7,595	15,330
Waycross Investment Management	4,941	22,128
Brentwood Asset Advisors, Inc.	<u>-</u>	<u>1,650</u>
	<u>\$ 84,394</u>	<u>\$ 186,130</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 4            RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan pays investment and operating expenses directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 5            RISK AND UNCERTAINTIES

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

NOTE 6            SUBSEQUENT EVENTS

In preparing these financial statements, the impact of events and transactions for potential recognition or disclosure through November 24, 2025 were evaluated.

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## SUPPLEMENTAL INFORMATION

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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equities</u>			
Abbott Laboratories	1,617	\$ 171,238	\$ 182,899
Abbvie Inc	831	126,184	147,669
Abbvie Inc	1,179	233,123	209,508
Accenture Ireland	479	149,456	168,507
Adobe Systems Inc	368	195,291	163,642
Alphabet Inc	2,071	341,317	392,040
Amazon Com Inc	1,449	136,473	317,896
American Express	522	83,288	154,924
Ametek Inc	288	48,215	51,915
Analog Devices Inc	813	135,366	172,730
Analog Devices Inc	1,031	233,407	219,046
Ansys Inc	116	28,367	39,130
AON Plc	567	184,788	203,644
Apple Inc	1,875	423,309	469,538
Arch Capital Group Ltd	1,453	65,534	134,185
Ares Management Corp	593	67,269	104,979
Arthur J Gallagher & Co	271	76,184	76,923
Autodesk Inc	276	67,959	81,577
Becton Dickinson & Co	927	221,956	210,308
Berkeley W R Corporation	746	40,692	43,656
Boeing Co	1,001	200,517	177,177
Boeing Co	1,291	190,365	228,507
Brookfield Asset Management	1,377	41,290	74,620
Brookfield Corp	6,178	206,123	354,926
Brookfield Infrastructure Corp	4,670	170,362	186,847
Brookfield Renewable Corp	2,211	81,307	61,156
Brown & Brown Inc	2,339	126,669	238,625
Carmax Inc	1,554	124,033	127,055
CBRE Group Inc	1,327	91,223	174,222
CCC Intelligent Solutions Hldgs Inc	5,663	65,711	66,427
Chubb LTD	523	104,809	144,505
Cigna Corp	914	220,065	252,392
Citigroup Inc	1,782	73,784	125,435
Citigroup Inc	2,150	133,795	151,339
ConocoPhillips Corp	2,123	148,331	210,538
Copart Inc	4,768	164,376	331,026
Costar Group Inc	2,802	214,680	200,595
CSX Corp	6,190	209,739	199,751
Diageo Plc	929	142,146	118,104
Dollar General Corp	1,555	134,982	117,900
Dominion Energy Inc	3,438	176,491	185,171
Dominos Pizza Inc	299	111,220	125,508
Duke Energy	1,643	148,415	177,017
Eaton Corp	348	78,862	115,491
Emerson Electric Co	1,653	173,970	204,856
Entegris Inc	218	24,732	21,595

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equities</u>			
EOG Resources Inc	1,117	144,917	136,922
Exxon Mobil Corp	2,046	228,433	220,088
Fair Isaac Inc	104	147,182	207,057
Fastenal Co	1,062	50,879	76,368
Floor & Décor Holdings	213	21,878	21,236
Gartner Inc	332	93,976	160,844
Genl Dynamics Corp	602	135,426	158,621
Goldman Sachs Group Inc	490	249,728	280,584
Graco Incorporated Cm	352	29,197	29,670
Heico Corp	1,683	211,048	313,173
Hilton Worldwide Holdings Inc	1,341	152,449	331,442
Honeywell International Inc	1,120	228,436	252,997
Hyatt Hotels Corp	414	31,150	64,990
IDEXX Laboratories Inc	127	48,499	52,507
IDEXX Laboratories Inc	369	165,747	152,559
Illinois Tool Works Inc	474	115,215	120,187
Intuitive Surgical Inc	402	192,829	209,828
Johnson & Johnson	1,131	156,401	163,565
JP Morgan Chase & Co	1,325	195,831	317,616
Kenvue Inc	5,359	120,208	114,415
KKR & Co Inc	2,354	113,764	348,180
KKR & Co Inc	1,044	62,843	154,418
KLA Corp	131	63,137	82,546
Lennar Corp	856	64,633	116,733
Liberty Media Corp	1,078	43,700	99,887
Liberty Media Corp	471	28,484	39,583
Live Nation Entertainment Inc	1,336	103,386	173,012
Lowe's Companies Inc	560	117,417	138,208
Lowe's Companies Inc	769	193,884	189,789
Markel Corp	104	103,413	179,528
Marriott Intl Inc	523	107,869	145,886
Marsh and McLennan Companies Inc	700	135,906	148,687
Martin Marietta Materials Inc	325	129,722	167,863
Marvell Technology Inc.	2,126	148,416	234,817
Mastercard Inc	480	154,833	252,754
McDonalds Corp	532	157,294	154,221
McKesson Corp	428	187,568	243,921
Meta Platforms Inc	313	333,707	378,239
Microchip Technology Inc	1,305	69,758	74,842
Microsoft Corp	1,124	297,574	473,766
Mondelez International Inc.	1,872	132,906	111,815
Moody's Corp	107	28,819	50,651
Morgan Stanley & Co	1,506	127,085	189,334
MSCI Inc	241	116,648	144,602
Nasdaq Inc	1,525	80,929	117,898
Nestle SA	1,230	148,346	100,491
NVIDIA Corp	4,241	534,193	569,524

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equities</u>			
NXP Semiconductors	469	102,102	97,482
O'Reilly Automotive Inc	250	109,761	296,450
Paccar Inc	1,784	169,266	185,572
Paypal Holdings Inc.	1,430	111,280	122,051
Pepsico Inc	961	164,145	146,130
Perimeter Solutions	2,421	27,307	30,940
Pfizer Inc	5,440	179,519	144,323
Procore Technologies Inc	524	42,020	39,263
Progressive Corp	1,154	156,093	276,510
Progressive Corp	309	38,528	74,039
Prologis Inc	1,567	194,764	165,632
Roper Technologies Inc	325	147,736	168,951
Ross Stores Inc	327	36,865	49,465
RTX Corp	1,361	112,051	157,495
Ryan Specialty Holdings	318	20,863	20,403
SBA Communications Corp	111	28,558	22,622
Southern Co	2,082	141,263	171,390
Starbucks Corp	2,067	197,191	188,614
Sysco Corporation	2,617	203,262	200,096
Target Corp	566	69,502	76,512
Target Corp	1,276	203,331	172,490
Transdigm Group Inc	271	184,727	343,433
Tyler Technologies Inc	240	98,751	138,394
Union Pacific Corp	698	157,591	159,172
UnitedHealth Group Inc	257	90,009	130,006
Vail Resorts Inc	296	64,654	55,485
Veeva Systems Inc	577	110,828	121,314
Veralto Corporation	193	19,741	19,657
Verisign Inc	108	21,096	22,352
Verisk Analytics Inc	200	28,064	55,086
Vulcan Materials Company	971	148,983	249,770
Waste Connections Inc	363	65,461	62,284
Waters Corp	164	48,867	60,841
Wells Fargo & Co	3,513	200,364	246,753
WIX.Com Ltd	169	30,170	36,259
		<u>\$ 16,817,784</u>	<u>\$ 20,888,597</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds</u>					
Akamai Technologies Inc	0.13%	5/1/2025	\$ 141,000	\$ 163,221	\$ 149,116
Booking Holdings Inc	0.75%	5/1/2025	149,000	206,284	393,163
Southwest Airlines Co	1.25%	5/1/2025	331,000	423,636	339,772
Vishay Intertechnology	2.25%	6/15/2025	129,000	137,750	125,904
Middleby Corp	1.00%	9/1/2025	206,000	241,145	230,079
New Mountain Finance Corp	7.50%	9/1/2025	146,000	150,132	146,286
Dexcom Inc	0.25%	11/15/2025	142,000	144,901	136,668
Southern Co	3.88%	12/15/2025	349,000	345,763	366,625
Uber Technologies Inc	0.00%	12/15/2025	239,000	261,908	240,912
Expedia Grp Inc	0.00%	2/15/2026	361,000	372,251	358,116
JP Morgan Chase & Co	2.01%	3/13/2026	50,000	50,000	49,711
Alliant Energy Corp	3.88%	3/15/2026	140,000	137,340	143,640
Ford Motor Co	0.00%	3/15/2026	342,000	342,208	330,714
Tyler Technologies Inc	0.25%	3/15/2026	66,000	67,142	79,629
DukeEnergy Corp	4.13%	4/15/2026	347,000	348,069	355,675
IBM Corp	3.30%	5/15/2026	20,000	20,998	19,639
Ventas Realty LP	3.75%	6/1/2026	301,000	331,789	342,237
American Water Capital	3.63%	6/15/2026	142,000	143,037	140,154
American Express Co	0.00%	11/4/2026	60,000	60,000	60,032
ON Semiconductor Corp	0.00%	5/1/2027	139,000	237,345	181,951
Biomarin Pharmaceuticals	0.00%	5/15/2027	192,000	198,342	178,176
Citigroup Inc	0.00%	6/9/2027	50,000	50,070	50,093
Morgan Stanley	2.48%	1/21/2028	170,000	169,336	162,003
Citigroup Inc	3.07%	2/24/2028	30,000	30,000	28,856
PPL Capital Funding Inc	2.88%	3/15/2028	216,000	204,875	225,288
Oracle Corp	2.30%	3/25/2028	40,000	40,738	36,979
Florida Power & Light Co	5.05%	4/1/2028	150,000	149,805	151,439
CMS Energy Corp	3.38%	5/1/2028	144,000	140,933	149,112
Dexcom Inc	0.25%	5/15/2028	145,000	142,608	129,689
Indiana Michigan Power	3.85%	5/15/2028	30,000	34,722	29,031
Enveista Holding Corp	1.75%	8/15/2028	374,000	336,208	334,543
PNC Financial Services	5.35%	12/2/2028	150,000	151,383	152,129
Goldman Sachs Grp Inc	4.22%	5/1/2029	120,000	111,601	116,761
IBM Corp	3.50%	5/15/2029	90,000	95,027	85,287
Bank of America Corp	2.09%	6/14/2029	60,000	60,230	54,454
Wells Fargo & Company	5.57%	7/25/2029	110,000	109,616	111,682
Intel Corp	2.45%	11/15/2029	10,000	10,961	8,777
AT&T Inc	4.30%	2/15/2030	110,000	102,716	106,532
Oracle Corp	2.95%	4/1/2030	80,000	82,953	72,217
Comcast Corp	4.25%	10/15/2030	130,000	119,713	125,360
Intel Corp	5.00%	10/15/2030	80,000	79,706	78,522
Home Depot Inc	4.85%	6/25/2031	80,000	79,434	79,970
UnitedHealth Group Inc	4.95%	1/15/2032	50,000	51,288	49,436
Roper Technologies Inc	4.75%	2/15/2032	80,000	79,851	77,971
Virginia Elec & Power Co	5.00%	4/1/2033	130,000	132,194	127,223
Pfizer Investment Enter	4.75%	5/19/2033	90,000	87,705	87,451

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds</u>					
DukeEnergy Corp	5.88%	11/15/2033	80,000	85,339	83,262
Alabama Power Co	5.85%	11/15/2033	70,000	76,518	72,538
Bristol Myers Squibb So	5.20%	2/22/2034	120,000	119,972	119,849
Union Electric Co	5.20%	4/1/2034	70,000	72,167	69,564
Euronet Worldwide Inc	0.75%	3/15/2049	256,000	253,558	253,056
				<u>\$ 7,644,483</u>	<u>\$ 7,597,270</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Government Securities</u>					
US Treasury Notes	1.63%	5/15/2026	\$ 270,000	\$ 274,307	\$ 260,599
Federal Farm Credit Bank Bonds	1.54%	11/30/2026	90,000	90,036	85,340
US Treasury Notes	4.38%	8/31/2028	1,390,000	1,384,175	1,391,098
FNMA Pass Thru Pool MA3650	3.50%	4/1/2029	90,000	12,013	9,099
FNMA Pass Thru Pool MA3680	3.50%	6/1/2029	110,000	16,469	13,213
US Treasury Notes	3.75%	5/31/2030	2,475,000	2,439,629	2,395,503
FHLMC Pass Thru Pool SB8025	2.00%	11/1/2034	40,000	10,785	10,036
FNMA Pass Thru Pool MA3864	2.50%	11/1/2034	50,000	11,587	10,339
FNMA Pass Thru Pool CA0997	3.50%	1/1/2048	140,000	35,384	31,663
FNMA Pass Thru Pool SD8245	4.50%	9/1/2052	140,000	117,656	113,786
FNMA Pass Thru Pool MA5107	5.50%	8/1/2053	150,000	130,743	130,362
				<u>\$ 4,522,784</u>	<u>\$ 4,451,038</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Rate	Number of Shares or Units	Cost	Current Value
<u>Preferred Stocks</u>				
Albemarle Corp	7.25%	2331	\$ 116,300	\$ 94,848
Apollo Assets	6.75%	6349	366,439	551,792
Ares Management Corp	6.75%	5034	283,207	277,071
Bank of America	7.25%	309	401,506	376,748
Boeing Co	6.00%	1873	103,124	114,047
Nextera Energy Inc	6.93%	7302	319,376	298,798
Nextera Energy Inc	6.93%	752	41,134	36,690
Wells Fargo & Co	7.50%	309	395,397	369,042
			<u>\$ 2,026,483</u>	<u>\$ 2,119,036</u>

Issuer Borrower	Cost	Current Value
<u>Cash Reserves</u>	<u>\$ 1,095,479</u>	<u>\$ 1,095,479</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
EMPLOYER CONTRIBUTIONS  
MODIFIED CASH BASIS  
EIGHT MONTH PERIOD ENDED DECEMBER 31, 2024

EMPLOYER	CONTRIBUTION	%
ARK ELECTRIC CO	\$ 4,956	0.26%
BECHTEL CONS/CAPE CANAV	108,914	5.68%
BREAKERS ELECTRIC CONSTRUCTION	11,218	0.59%
BROWN'S ELECTRIC	442	0.02%
BUMGARNER ELECTRIC	1,519	0.08%
C R ELECTRICAL CONSTRUCTION	22,472	1.17%
CAROLINAS ELECTRICAL WRKS	29,289	1.53%
CARTER ELECTRIC INC	56,199	2.93%
CONTRA COSTA CTY ELECTRIC	4,637	0.24%
DAKOTAS AREAWIDE IBEW-NEC	9,558	0.50%
DAKOTAS AREAWIDE RECIP	17,768	0.93%
EIGHTH DISTRICT ELEC PEN	14,101	0.74%
EIGHTH DISTRICT ELEC REC	4,075	0.21%
ELEC TRAINING ALLIANCE OF	4,872	0.25%
ELECTRIC SOLUTIONS UNLIMI	68,032	3.55%
ELECTRICAL TECH SERV INC	20,258	1.06%
GILES ELECTRIC CO INC	170,555	8.90%
IBEW 756 (LOCAL)	23,498	1.23%
IBEW DISTRICT 9 PENSION	11,002	0.57%
IBEW L570 & L518 & SAUGAR	3,210	0.17%
IBEW LOCAL 1	842	0.04%
IBEW LU16 AFL-CIO & MULTI	595	0.03%
IBEW LU683	3,896	0.20%
IBEW NECA LU #665	6,895	0.36%
INTELECT SYSTEMS INC	20,397	1.06%
JBI ELECTRICAL SYSTEMS	6,697	0.35%
L112 IBEW RECIP AGMT	14,468	0.75%
L1205 IBEW RECIP AGMT	6,273	0.33%
L124 IBEW RECIP AGMT	51,281	2.68%
L129 IBEW RECIP AGMT	13,437	0.70%
L1579 IBEW RECIP AGMT	2,101	0.11%
L176 IBEW RECIP AGMT	2,184	0.11%
L191 RECIP AGMT	5,305	0.28%
L26 IBEW RECIP AGMT	95,110	4.96%
L305 IBEW RECIP AGMT	4,350	0.23%
L309 IBEW RECIP AGMT	1,700	0.09%
L32 IBEW RECIP AGMT	4,529	0.24%
L363 IBEW RECIP AGMT	17,198	0.90%
L369 IBEW RECIP AGMT	163,088	8.51%
L400 IBEW RECIP AGMT	5,567	0.29%
L401 IBEW RECIP AGMT	2,599	0.14%
L445 RECIP AGMT	1,818	0.09%
L456 IBEW RECIP AGMT	2,376	0.12%
L474 MEMPHIS RECIP	45,914	2.40%
L479 RECIP AGMT	5,085	0.27%
L5 WESTERN PENN RECIP	11,495	0.60%
L508 IBEW RECIP AGMT	17,285	0.90%
L520 IBEW RECIP AGMT	954	0.05%

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
EMPLOYER CONTRIBUTIONS  
MODIFIED CASH BASIS  
EIGHT MONTH PERIOD ENDED DECEMBER 31, 2024

EMPLOYER	CONTRIBUTION	%
L531 IBEW RECIP AGMT	4,243	0.22%
L573 IBEW RECIP AGMT	4,854	0.25%
L575 RECIP AGMT	20,175	1.05%
L58 IBEW RECIP AGMT	1,410	0.07%
L606/607 RECIP AGMT	55,850	2.91%
L617 SAN MATEO RECIP AGMT	5,578	0.29%
L64 IBEW RECIP AGMT	5,571	0.29%
L640 IBEW RECIP AGMT	31,491	1.64%
L697 IBEW RECIP AGMT	8,362	0.44%
L72 ATL PLUMB STEAMFITTER	698	0.04%
L728 IBEWRECIPAGMT	6,731	0.35%
L8 TOLEDO RECIP AGMT	927	0.05%
L81 IBEW RECIP AGMT	2,327	0.12%
L816 NECA PENSION RECIP	3,191	0.17%
L873 RECIP AGMT	219,526	11.46%
L9 IBEW RECIP AGMT	2,111	0.11%
L915 IBEW RECIP AGMT	4,308	0.22%
LOCAL 41 IBEW RECIP AGGRM	4,219	0.22%
MASTERS ELECTRIC INC	34,840	1.82%
MET-CON INC	65,801	3.43%
MICHIANA AREA ELEC RECIP	2,550	0.13%
MICHIGAN ELECT EMPLOYEE	61,941	3.23%
MICHIGAN UPPER PENINSULA	46,819	2.44%
MILLER ELECTRIC COMPANY	8,943	0.47%
NEAP IBEW RECIP AGMT	47,035	2.45%
NECA IBEW PENSION TRUST	18,508	0.97%
NECA IBEW RECIP AGMT	1,306	0.07%
NECA IBEW TRUST RECIP	2,527	0.13%
NECA-IBEW 177 PENSION FND	3,848	0.20%
NECA-IBEW LOCAL 364	25,119	1.31%
NORTHERN CALIF ELECT WRKS	1,222	0.06%
RECIP NECA-IBEW MEMPHIS	9,303	0.49%
SOUTHERN ELEC RETIREMENT	56,044	2.92%
TRI-CITY ELECTRIC COMPANY OF I	150	0.01%
WESTERN PA.	6,983	0.36%
WHITE ELECTRICAL CONSTRUCTION	23,384	1.22%
WISCONSIN IBEW RECIP AGMT	18,443	0.96%
	<hr/>	
	\$ 1,916,352	<hr/> 100.00%
Less: Reciprocal outgoing	<hr/> (111,404)	
	<hr/> \$ 1,804,948	

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
OPERATING EXPENSES  
MODIFIED CASH BASIS  
EIGHT MONTH PERIOD ENDED DECEMBER 31, 2024 AND  
TWELVE MONTH PERIOD ENDED APRIL 30, 2024

	<u>May 1, 2024 to</u> <u>December 31, 2024</u>	<u>May 1, 2023 to</u> <u>April 30, 2024</u>
Legal Fees	\$ 38,701	\$ 18,997
Administrative Fees and Costs	37,081	57,916
Educational Conference and Meetings	15,306	23,968
Computer Programming	14,782	-
Insurance	9,025	9,184
Payroll Compliance Audits	6,975	-
Office and Miscellaneous	6,606	4,489
Cyber Consultant	2,500	-
Dues	1,275	1,195
Audit Fees	-	14,175
ERTS Fees	-	2,480
	<hr/>	<hr/>
	<u>\$ 132,251</u>	<u>\$ 132,404</u>

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION #756

PENSION FUND

ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

FORM 5500  
SCHEDULE H, PART IV

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equities</u>			
Abbott Laboratories	1,617	\$ 171,238	\$ 182,899
Abbvie Inc	831	126,184	147,669
Abbvie Inc	1,179	233,123	209,508
Accenture Ireland	479	149,456	168,507
Adobe Systems Inc	368	195,291	163,642
Alphabet Inc	2,071	341,317	392,040
Amazon Com Inc	1,449	136,473	317,896
American Express	522	83,288	154,924
Ametek Inc	288	48,215	51,915
Analog Devices Inc	813	135,366	172,730
Analog Devices Inc	1,031	233,407	219,046
Ansys Inc	116	28,367	39,130
AON Plc	567	184,788	203,644
Apple Inc	1,875	423,309	469,538
Arch Capital Group Ltd	1,453	65,534	134,185
Ares Management Corp	593	67,269	104,979
Arthur J Gallagher & Co	271	76,184	76,923
Autodesk Inc	276	67,959	81,577
Becton Dickinson & Co	927	221,956	210,308
Berkeley W R Corporation	746	40,692	43,656
Boeing Co	1,001	200,517	177,177
Boeing Co	1,291	190,365	228,507
Brookfield Asset Management	1,377	41,290	74,620
Brookfield Corp	6,178	206,123	354,926
Brookfield Infrastructure Corp	4,670	170,362	186,847
Brookfield Renewable Corp	2,211	81,307	61,156
Brown & Brown Inc	2,339	126,669	238,625
Carmax Inc	1,554	124,033	127,055
CBRE Group Inc	1,327	91,223	174,222
CCC Intelligent Solutions Hldgs Inc	5,663	65,711	66,427
Chubb LTD	523	104,809	144,505
Cigna Corp	914	220,065	252,392
Citigroup Inc	1,782	73,784	125,435
Citigroup Inc	2,150	133,795	151,339
ConocoPhillips Corp	2,123	148,331	210,538
Copart Inc	4,768	164,376	331,026
Costar Group Inc	2,802	214,680	200,595
CSX Corp	6,190	209,739	199,751
Diageo Plc	929	142,146	118,104
Dollar General Corp	1,555	134,982	117,900
Dominion Energy Inc	3,438	176,491	185,171
Dominos Pizza Inc	299	111,220	125,508
Duke Energy	1,643	148,415	177,017
Eaton Corp	348	78,862	115,491
Emerson Electric Co	1,653	173,970	204,856
Entegris Inc	218	24,732	21,595

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

**FORM 5500**  
**SCHEDULE H, PART IV**

LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equities</u>			
EOG Resources Inc	1,117	144,917	136,922
Exxon Mobil Corp	2,046	228,433	220,088
Fair Isaac Inc	104	147,182	207,057
Fastenal Co	1,062	50,879	76,368
Floor & Décor Holdings	213	21,878	21,236
Gartner Inc	332	93,976	160,844
Genl Dynamics Corp	602	135,426	158,621
Goldman Sachs Group Inc	490	249,728	280,584
Graco Incorporated Cm	352	29,197	29,670
Heico Corp	1,683	211,048	313,173
Hilton Worldwide Holdings Inc	1,341	152,449	331,442
Honeywell International Inc	1,120	228,436	252,997
Hyatt Hotels Corp	414	31,150	64,990
IDEXX Laboratories Inc	127	48,499	52,507
IDEXX Laboratories Inc	369	165,747	152,559
Illinois Tool Works Inc	474	115,215	120,187
Intuitive Surgical Inc	402	192,829	209,828
Johnson & Johnson	1,131	156,401	163,565
JP Morgan Chase & Co	1,325	195,831	317,616
Kenvue Inc	5,359	120,208	114,415
KKR & Co Inc	2,354	113,764	348,180
KKR & Co Inc	1,044	62,843	154,418
KLA Corp	131	63,137	82,546
Lennar Corp	856	64,633	116,733
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Nasdaq Inc	1,525	80,929	117,898
Nestle SA	1,230	148,346	100,491
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FORM 5500  
SCHEDULE H, PART IV

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equities</u>			
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Pfizer Inc	5,440	179,519	144,323
Procure Technologies Inc	524	42,020	39,263
Progressive Corp	1,154	156,093	276,510
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Ryan Specialty Holdings	318	20,863	20,403
SBA Communications Corp	111	28,558	22,622
Southern Co	2,082	141,263	171,390
Starbucks Corp	2,067	197,191	188,614
Sysco Corporation	2,617	203,262	200,096
Target Corp	566	69,502	76,512
Target Corp	1,276	203,331	172,490
Transdigm Group Inc	271	184,727	343,433
Tyler Technologies Inc	240	98,751	138,394
Union Pacific Corp	698	157,591	159,172
UnitedHealth Group Inc	257	90,009	130,006
Vail Resorts Inc	296	64,654	55,485
Veeva Systems Inc	577	110,828	121,314
Veralto Corporation	193	19,741	19,657
Verisign Inc	108	21,096	22,352
Verisk Analytics Inc	200	28,064	55,086
Vulcan Materials Company	971	148,983	249,770
Waste Connections Inc	363	65,461	62,284
Waters Corp	164	48,867	60,841
Wells Fargo & Co	3,513	200,364	246,753
WIX.Com Ltd	169	30,170	36,259
		<u>\$ 16,817,784</u>	<u>\$ 20,888,597</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

**FORM 5500  
SCHEDULE H, PART IV**

LOCAL UNION #756

PENSION FUND

ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

<u>Issuer Borrower</u>	<u>Rate</u>	<u>Maturity</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current Value</u>
<u>Corporate Bonds</u>					
Akamai Technologies Inc	0.13%	5/1/2025	\$ 141,000	\$ 163,221	\$ 149,116
Booking Holdings Inc	0.75%	5/1/2025	149,000	206,284	393,163
Southwest Airlines Co	1.25%	5/1/2025	331,000	423,636	339,772
Vishay Intertechnology	2.25%	6/15/2025	129,000	137,750	125,904
Middleby Corp	1.00%	9/1/2025	206,000	241,145	230,079
New Mountain Finance Corp	7.50%	9/1/2025	146,000	150,132	146,286
Dexcom Inc	0.25%	11/15/2025	142,000	144,901	136,668
Southern Co	3.88%	12/15/2025	349,000	345,763	366,625
Uber Technologies Inc	0.00%	12/15/2025	239,000	261,908	240,912
Expedia Grp Inc	0.00%	2/15/2026	361,000	372,251	358,116
JP Morgan Chase & Co	2.01%	3/13/2026	50,000	50,000	49,711
Alliant Energy Corp	3.88%	3/15/2026	140,000	137,340	143,640
Ford Motor Co	0.00%	3/15/2026	342,000	342,208	330,714
Tyler Technologies Inc	0.25%	3/15/2026	66,000	67,142	79,629
DukeEnergy Corp	4.13%	4/15/2026	347,000	348,069	355,675
IBM Corp	3.30%	5/15/2026	20,000	20,998	19,639
Ventas Realty LP	3.75%	6/1/2026	301,000	331,789	342,237
American Water Capital	3.63%	6/15/2026	142,000	143,037	140,154
American Express Co	0.00%	11/4/2026	60,000	60,000	60,032
ON Semiconductor Corp	0.00%	5/1/2027	139,000	237,345	181,951
Biomarin Pharmaceuticals	0.00%	5/15/2027	192,000	198,342	178,176
Citigroup Inc	0.00%	6/9/2027	50,000	50,070	50,093
Morgan Stanley	2.48%	1/21/2028	170,000	169,336	162,003
Citigroup Inc	3.07%	2/24/2028	30,000	30,000	28,856
PPL Capital Funding Inc	2.88%	3/15/2028	216,000	204,875	225,288
Oracle Corp	2.30%	3/25/2028	40,000	40,738	36,979
Florida Power & Light Co	5.05%	4/1/2028	150,000	149,805	151,439
CMS Energy Corp	3.38%	5/1/2028	144,000	140,933	149,112
Dexcom Inc	0.25%	5/15/2028	145,000	142,608	129,689
Indiana Michigan Power	3.85%	5/15/2028	30,000	34,722	29,031
Enveista Holding Corp	1.75%	8/15/2028	374,000	336,208	334,543
PNC Financial Services	5.35%	12/2/2028	150,000	151,383	152,129
Goldman Sachs Grp Inc	4.22%	5/1/2029	120,000	111,601	116,761
IBM Corp	3.50%	5/15/2029	90,000	95,027	85,287
Bank of America Corp	2.09%	6/14/2029	60,000	60,230	54,454
Wells Fargo & Company	5.57%	7/25/2029	110,000	109,616	111,682
Intel Corp	2.45%	11/15/2029	10,000	10,961	8,777
AT&T Inc	4.30%	2/15/2030	110,000	102,716	106,532
Oracle Corp	2.95%	4/1/2030	80,000	82,953	72,217
Comcast Corp	4.25%	10/15/2030	130,000	119,713	125,360
Intel Corp	5.00%	10/15/2030	80,000	79,706	78,522
Home Depot Inc	4.85%	6/25/2031	80,000	79,434	79,970
UnitedHealth Group Inc	4.95%	1/15/2032	50,000	51,288	49,436
Roper Technologies Inc	4.75%	2/15/2032	80,000	79,851	77,971
Virginia Elec & Power Co	5.00%	4/1/2033	130,000	132,194	127,223
Pfizer Investment Enter	4.75%	5/19/2033	90,000	87,705	87,451

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

FORM 5500  
SCHEDULE H, PART IV

LOCAL UNION #756

PENSION FUND

ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

<u>Issuer Borrower</u>	<u>Rate</u>	<u>Maturity</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current Value</u>
<u>Corporate Bonds</u>					
DukeEnergy Corp	5.88%	11/15/2033	80,000	85,339	83,262
Alabama Power Co	5.85%	11/15/2033	70,000	76,518	72,538
Bristol Myers Squibb So	5.20%	2/22/2034	120,000	119,972	119,849
Union Electric Co	5.20%	4/1/2034	70,000	72,167	69,564
Euronet Worldwide Inc	0.75%	3/15/2049	256,000	253,558	253,056
				<u>\$ 7,644,483</u>	<u>\$ 7,597,270</u>

<u>Issuer Borrower</u>	<u>Rate</u>	<u>Maturity</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current Value</u>
<u>Government Securities</u>					
US Treasury Notes	1.63%	5/15/2026	\$ 270,000	\$ 274,307	\$ 260,599
Federal Farm Credit Bank Bonds	1.54%	11/30/2026	90,000	90,036	85,340
US Treasury Notes	4.38%	8/31/2028	1,390,000	1,384,175	1,391,098
FNMA Pass Thru Pool MA3650	3.50%	4/1/2029	90,000	12,013	9,099
FNMA Pass Thru Pool MA3680	3.50%	6/1/2029	110,000	16,469	13,213
US Treasury Notes	3.75%	5/31/2030	2,475,000	2,439,629	2,395,503
FHLMC Pass Thru Pool SB8025	2.00%	11/1/2034	40,000	10,785	10,036
FNMA Pass Thru Pool MA3864	2.50%	11/1/2034	50,000	11,587	10,339
FNMA Pass Thru Pool CA0997	3.50%	1/1/2048	140,000	35,384	31,663
FNMA Pass Thru Pool SD8245	4.50%	9/1/2052	140,000	117,656	113,786
FNMA Pass Thru Pool MA5107	5.50%	8/1/2053	150,000	130,743	130,362
				<u>\$ 4,522,784</u>	<u>\$ 4,451,038</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756  
PENSION FUND  
ASSETS HELD AT END OF YEAR  
DECEMBER 31, 2024

Issuer Borrower	Rate	Number of Shares or Units	Cost	Current Value
<u>Preferred Stocks</u>				
Albemarle Corp	7.25%	2331	\$ 116,300	\$ 94,848
Apollo Assets	6.75%	6349	366,439	551,792
Ares Management Corp	6.75%	5034	283,207	277,071
Bank of America	7.25%	309	401,506	376,748
Boeing Co	6.00%	1873	103,124	114,047
Nextera Energy Inc	6.93%	7302	319,376	298,798
Nextera Energy Inc	6.93%	752	41,134	36,690
Wells Fargo & Co	7.50%	309	395,397	369,042
			<u>\$ 2,026,483</u>	<u>\$ 2,119,036</u>

Issuer Borrower	Cost	Current Value
<u>Cash Reserves</u>	<u>\$ 1,095,479</u>	<u>\$ 1,095,479</u>

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1510 - 0110  
1510 - 0089

**2024**

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

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 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 retroactive, adopted plan permitted by SECURE Act section 201, check here

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

**1a** Name of plan  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNION #756 PENSION FUND**

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan  
08/11/1974

**2a** Plan sponsor's name (employer, if for a single-employer plan)  
Mailing address (include room, apt., suite no. and street, or P.O. Box)  
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  
**BOARD OF TRUSTEES IBEW LOCAL UNION # 756 PENSION FU**

**2b** Employer Identification Number (EIN)  
59-6556447

**2c** Plan Sponsor's telephone number  
904-902-7174


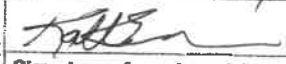
**MY BENEFITS ADMINISTRATOR, LLC  
P.O. BOX 10132**

**2d** Business code (see instructions)  
525100

**FLEMING ISLAND FL 32006-0040**

**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>		<u>10/08/2025</u>	<b>MATTHEW NELSON</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>10/08/2025</u>	<b>KATIE ENKIRI</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

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

Form 5500 (2024)  
v. 240311