

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 04/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: IBEW LOCAL 56 PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN
2b Employer Identification Number (EIN): 25-6149244
2c Plan Sponsor's telephone number: 814-240-3730
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Brent M. Bricker (plan administrator) and Jeffrey Bartlett (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	547
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	228
	6a(2)	225
	6b	184
	6c	86
	6d	495
	6e	57
	6f	552
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	35

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

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

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan <u>IBEW LOCAL 56 PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>25-6149244</u>

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>68917205</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>70235196</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>66803616</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>66803616</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>97902390</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>1941428</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>4662518</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>4662518</u>

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

SIGN HERE <u>KEITH L. NICHOLS, M.A.A.A.</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>6 PPG PLACE, SUITE 200</u> <u>PITTSBURGH, PA 15222</u> Address of the firm	<u>02/02/2026</u> Date <u>23-04725</u> Most recent enrollment number <u>724-934-2790</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	68917205
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	233	54978999
(2) For terminated vested participants	86	8837462
(3) For active participants:		
(a) Non-vested benefits		2673019
(b) Vested benefits		31412910
(c) Total active	228	34085929
(4) Total	547	97902390
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/30/2024	2903421	0				
			Totals ▶	3(b)	2903421	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	105.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.56 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	130683
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	84296	8418
3	3710267	370514

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1084995

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	18807159	2536490
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		235397
e Total charges. Add lines 9a through 9d.....	9e		3856882
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		16055991
g Employer contributions. Total from column (b) of line 3.....	9g		2903421
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	6182748	821144
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1191375
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	16004178	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	18799308	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		20971931
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		17115049
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan IBEW LOCAL 56 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN	D Employer Identification Number (EIN) 25-6149244	

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

AMERICAN FUNDS EUROPACIFIC GROWTH **333 SOUTH HOPE ST.**
LOS ANGELES, CA 90071-1406

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

AMERISERV TRUST AND FINANCIAL SERV

25-1689052

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

NEWTOWER TRUST COMPANY

30-0872552

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

MANNING AND NAPIER, INC.

16-0995736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	173987	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)

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	53064	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FEDERATED EQUITY

51-0366757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44514	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)

MARINER INSTITUTIONAL, LLC

531 W. MORSE BLVD., STE 200
WINTER PARK, FL 32789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35800	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)

USI CONSULTING GROUP

6 PPG PLACE
SUITE 200
PITTSBURGH, PA 15222

(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	NONE	30990	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC BANK ASSOCIATION

25-1197336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	21956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

DICLAUDIO & KRAMER, LLC

27-0889793

(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	NONE	16138	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)

MEYER, UNKOVIC & SCOTT

25-1344985

(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	NONE	8785	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)

LOGAN, METTLEY & NEWCOMER

33-1365351

(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	NONE	1916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan IBEW LOCAL 56 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN	D Employer Identification Number (EIN) 25-6149244

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5927445
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPLOYEE REAL ESTATE CON TR FD II		
b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SVCS		
c EIN-PN 25-1689052-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1721178
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan IBEW LOCAL 56 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN	D Employer Identification Number (EIN) 25-6149244

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	364634	353504
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	215382	267094
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62449	43539
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	713794	578950
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	31741199	32199232
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7610790	7648623
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28276257	30769984
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	12016	13284
f Total assets (add all amounts in lines 1a through 1e).....	1f	68996521	71874210
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	79316	89819
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	79316	89819
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	68917205	71784391

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2903421	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2903421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	52891	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52891
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	380062	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1078710	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1458772
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20899937	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20649194	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		250743
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1692168	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1692168

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		90896
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1428859
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7877750

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4534269	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4534269
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	29761	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16138	
(5) Investment advisory and investment management fees	2i(5)	307364	
(6) Bank or trust company trustee/custodial fees	2i(6)	21956	
(7) Actuarial fees	2i(7)	30990	
(8) Legal fees	2i(8)	10725	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3206	
(11) Other expenses	2i(11)	56155	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		476295
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5010564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2867186
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DICLAUDIO & KRAMER,LLC**

(2) EIN: **27-0889793**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567231.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan IBEW LOCAL 56 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 56 PENSION PLAN	D Employer Identification Number (EIN) 25-6149244	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

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

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

3		0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer CHURCH AND MURDOCK ELECTRIC, INC.		
b	EIN 25-1213430	c	Dollar amount contributed by employer 405076
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer NEWCO ELECTRIC CO., INC.		
b	EIN 25-1545393	c	Dollar amount contributed by employer 304630
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer BLACKHAWK NEFF INCORPORATED		
b	EIN 25-1220937	c	Dollar amount contributed by employer 118872
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer ZENITH SYSTEMS		
b	EIN 26-3799494	c	Dollar amount contributed by employer 642320
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer LP ELECTRIC		
b	EIN 83-2600745	c	Dollar amount contributed by employer 155933
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer TSB/SCHULTHEIS ELECTRIC		
b	EIN 25-1573149	c	Dollar amount contributed by employer 107913
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 7.00		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer WILLIAM T SPAEDER

b EIN 25-1306733

c Dollar amount contributed by employer 107233

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 7.00

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

a Name of contributing employer VISION COMMUNICATIONS

b EIN 23-2947947

c Dollar amount contributed by employer 69829

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 7.00

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

a Name of contributing employer O'CONNELL ELECTRIC CO.

b EIN 16-0950645

c Dollar amount contributed by employer 67133

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 7.00

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

a Name of contributing employer SARGENT ELECTRIC CO.

b EIN 25-0935920

c Dollar amount contributed by employer 52346

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 7.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	0.96

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
FINANCIAL STATEMENTS
YEAR ENDED APRIL 30, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
International Brotherhood of Electrical Workers
Local No. 56 Pension Plan
Erie, PA

Opinion

We have audited the financial statements of International Brotherhood of Electrical Workers Local No. 56 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of International Brotherhood of Electrical Workers Local No. 56 Pension Plan as of April 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Electrical Workers Local No. 56 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local No. 56 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Brotherhood of Electrical Workers Local No. 56 Pension Plan 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local No. 56 Pension Plan 's ability to continue as a going concern for a reasonable period of time.

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

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
February 2, 2026

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	APRIL 30,	
	2025	2024
ASSETS		
Investments		
Common Stock	\$ 32,199,232	\$ 31,741,199
Mutual Funds	30,769,984	28,276,257
Common Collective Trust	7,648,623	7,610,790
Cash Equivalents	578,950	713,794
	71,196,789	68,342,040
Receivables		
Employer contributions	267,094	215,382
Accrued Income	43,539	62,449
	310,633	277,831
Cash	353,504	364,634
Prepaid expenses	13,284	12,016
	13,284	12,016
TOTAL ASSETS	71,874,210	68,996,521
LIABILITIES		
Due to Welfare Fund	61,340	45,550
Accounts payable	28,479	33,766
	89,819	79,316
TOTAL LIABILITIES	89,819	79,316
NET ASSETS AVAILABLE FOR BENEFITS	\$ 71,784,391	\$ 68,917,205

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED APRIL 30,	
	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer Contributions	\$ 2,370,263	\$ 2,579,610
Reciprocal Contributions	694,437	333,589
Reciprocal Disbursements	(161,279)	(206,480)
	2,903,421	2,706,719
Investment Income		
Interest and Dividend Income	1,511,664	1,285,029
Appreciation (Depreciation) in Investments	3,461,357	4,420,620
Securities Litigation Proceeds	1,308	2,358
Investment Fees	(329,320)	(303,135)
	4,645,009	5,404,872
TOTAL ADDITIONS	7,548,430	8,111,591
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Pension Benefits	4,534,269	4,218,606
Administrative Expenses		
Payroll and Benefits	29,761	31,569
Office Expense	25,975	20,903
Conventions, Seminars, Meetings	3,206	808
Actuary Fees	30,990	26,225
Audit Fee	16,138	16,035
Payroll Audits	1,284	-
Legal Fees	10,725	11,843
Insurance Expense	26,515	24,706
Bank Fees	2,381	5,024
	146,975	137,113
TOTAL DEDUCTIONS	4,681,244	4,355,719
NET INCREASE (DECREASE) IN NET ASSETS	2,867,186	3,755,872
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	68,917,205	65,161,333
End of Year	\$ 71,784,391	\$ 68,917,205

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE A - DESCRIPTION OF PLAN

The following brief description of the International Brotherhood of Electrical Workers Local No. 56 Pension Plan is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

The Fund is a defined benefit pension plan that provides pension benefits covering all employees working under the jurisdiction of the International Brotherhood of Electrical Workers Local No. 56, who are employed by an employer who is obligated, pursuant to a collective bargaining agreement, reciprocal agreement, or other written document, to make contributions on their behalf to the Fund. The Plan is subject to the provisions of the Employee Retirement and Income Security Act of 1974 (ERISA), as amended.

As of the latest actuarial valuation date (May 1, 2024), the Fund continues to meet the funding requirements established by ERISA.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accounting records of the Fund are maintained on the accrual basis.

Payment of Benefits - Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. This is the amount required if the Plan terminated to fully fund all benefits in which any employees or former employees have a vested interest, assuming retirement at their earliest unreduced retirement age, plus the actuarial present value of all benefits payable to currently retired or disabled lives.

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

NOTE C - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Fund by a letter dated November 16, 2015 that the Fund and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE D - ESTIMATES

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

NOTE E - CONCENTRATION OF CASH

The Plan maintains cash balances at one financial institution in Pennsylvania. Accounts at the financial institution are insured by the Federal Deposit Insurance Corporation for \$250,000. At times, the Plan's cash balance exceeded federally insured limits.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024
(cont.)

NOTE F- SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through February 2, 2026, the day the financial statements were approved and authorized for issue.

NOTE G - PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event the Plan terminates, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

NOTE H - RISKS AND UNCERTAINTIES

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

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

NOTE I - RELATED PARTY TRANSACTIONS

The Fund leases office space from the International Brotherhood of Electrical Workers Local Union No. 56, a party-in-interest, at 185 Pennbriar Drive, Erie, PA. As this represents reasonable compensation for the space provided, and as the lessor-lessee relationship is carried out in an arm's-length manner, this arrangement does not constitute a prohibited transaction under ERISA. A month-to-month lease agreement has been executed, establishing a monthly rent of \$257. The total rent paid to the International Brotherhood of Electrical Workers Local Union No. 56 for the year ended April 30, 2025 was \$ 3,078.

NOTE J - AMENDMENT

On August 8, 2024, the plan adopted Amendment #7 which increased the benefit multiplier from \$75 to \$80 for active participants and increased the monthly pension benefit by 6.5% for retirees. The amendment was effective May 1, 2024 with benefit increase retroactive to that date.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024
(cont.)

NOTE K – ADMINISTRATIVE EXPENSES

The Plan's administrative expenses are paid by the Plan, as provided by the Plan Document. The Plan shares administrative costs with the IBEW Local No. 56 Employees Deferred Savings Plan and IBEW Local No. 56 Health and Welfare Plan. The shared costs are allocated to each fund by a formula determined by the board of trustees. Shared costs include payroll and benefits, rent, conferences, meetings, training, postage, insurance, office supplies and expense.

NOTE L - ACCUMULATED PLAN BENEFITS

Actuarial valuations of the plan were prepared by USI Consulting Group. The present value of accumulated benefits at May 1, 2024 per the actuarial valuations is as follows:

	<u>May 1, 2024</u>
VESTED BENEFITS	
Participants Currently Receiving Benefits	\$ 41,274,696
Separated Deferred Participants	5,336,679
Active Participants	<u>18,381,985</u>
	64,993,360
Non-vested Benefits	<u>1,810,256</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 66,803,616</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended May 1, 2024 were as follows:

Actuarial present value of accumulated plan benefits at May 1, 2023	\$ 62,336,095
Increase (decrease) during the period attributed to:	
Benefits accumulated and plan experience	1,058,960
Changes in Actuarial Assumptions	-
Plan Amendments	3,710,267
Benefits Paid	(4,218,606)
Decrease in Discount Period	<u>3,916,900</u>
Subtotal	<u>4,467,521</u>
Actuarial present value of accumulated plan benefits at May 1, 2024	<u>\$ 66,803,616</u>

The principal assumptions underlying the above actuarial computation are as follows:

Actuarial Cost Method – Unit Credit

Interest Rate: 6.50% per annum, net of investment expense

Mortality Table: Pri-2012 Blue Collar Amount-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors.

Normal Retirement Age: The later of the participant's 65th birthday or the fifth anniversary of the initial entry date.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024
(cont.)

NOTE M – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024:

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

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

Registered Investment Companies - Mutual Funds are valued at the reported net asset value of shares held by the plan at year end.

Common Collective Trusts - Valued at unit values provided by the respective trustees of those trusts based on the estimated fair value of the investments held by the trust.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 56 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024
(continued)

NOTE L - FAIR VALUE MEASUREMENTS (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of April 30, 2025:

Description	4/30/25	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	\$ 578,950	\$ 578,950	\$ -	\$ -
Common Stock	32,199,232	32,199,232	-	-
Mutual Funds	30,769,984	30,769,984	-	-
Assets in Fair Value Hierarchy	63,548,166	63,548,166	-	-
Investments measured at Net Asset Value (a):				
Common Trust Funds	7,648,623	-	-	-
	7,648,623	-	-	-
Investments at Fair Value	\$ 71,196,789	\$ 63,548,166	\$ -	\$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of April 30, 2024:

Description	4/30/24	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	\$ 713,794	\$ 713,794	\$ -	\$ -
Common Stock	31,741,199	31,741,199	-	-
Mutual Funds	28,276,257	28,276,257	-	-
Assets in Fair Value Hierarchy	60,731,250	60,731,250	-	-
Investments measured at Net Asset Value (a):				
Common Trust Funds	7,610,790	-	-	-
	7,610,790	-	-	-
Investments at Fair Value	\$ 68,342,040	\$ 60,731,250	\$ -	\$ -

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table sets forth the Plan's investments in certain entities that calculate net asset value per share at April 30, 2024 including fair value, redemption frequency and investment strategy:

Investment	Classification / Strategy	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Ameriserv ERECT Fund II	Real Estate - Loans	1,721,178	-	Quarterly	5 Days
Newtower Multi Employer Property	Real Estate	5,927,445	-	Quarterly	90 Days
		\$ 7,648,623	\$ -		

Plan Name: IBEW LOCAL 56 PENSION PLAN

EIN: 25-6149244

Plan Number: 001

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	10	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	7	n/a	9	n/a	1	n/a	0	n/a
30 to 34	0	n/a	11	n/a	9	n/a	5	n/a	0	n/a
35 to 39	0	n/a	7	n/a	16	n/a	11	n/a	4	n/a
40 to 44	1	n/a	3	n/a	9	n/a	6	n/a	7	n/a
45 to 49	0	n/a	5	n/a	2	n/a	5	n/a	3	n/a
50 to 54	0	n/a	5	n/a	0	n/a	5	n/a	0	n/a
55 to 59	1	n/a	1	n/a	1	n/a	0	n/a	0	n/a
60 to 64	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a
65 to 69	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
35 to 39	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	8	n/a	0	n/a	0	n/a	0	n/a	0	n/a
45 to 49	10	n/a	3	n/a	0	n/a	0	n/a	0	n/a
50 to 54	14	n/a	7	n/a	15	n/a	0	n/a	0	n/a
55 to 59	2	n/a	4	n/a	4	n/a	4	n/a	0	n/a
60 to 64	1	n/a	3	n/a	1	n/a	3	n/a	0	n/a
65 to 69	1	n/a	0	n/a	1	n/a	0	n/a	1	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

Please note: Average Compensation has not been provided as this is not a compensation based plan.

IBEW LOCAL 56 PENSION PLAN

**P. Actuarial Assumptions and Funding Methods
 for the May 1, 2024 Valuation**

1. Data

- a. Valuation Date May 1, 2024
- b. Employee Data Employee data was supplied by the Plan Administrator
- c. Asset Data Asset data was supplied by DiClaudio & Kramer, LLC
- d. Contribution Rate \$ 7.00 per hour worked – Journeymen
- e. Future Hours to be Worked 1,500 per year per participant

2. Non-Prescribed Assumptions and Methods

Each significant non-prescribed assumption used in this report represents a combination of a best estimate of future expectations and observed past experience

- a. Funding 6.50% per year

Rationale for Interest Rate: Based on capital market expectations and the target asset allocation.

- b. Rates of Withdrawal

- i. Mortality - healthy Pri-2012 Blue Collar Amount-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors

Mortality – disabled Pri-2012 Total Dataset Disabled Amount-Weighted Mortality Projected with Scale MP-2021

Rationale for Mortality Rates: Based on most recent mortality study available as published by the SOA

- ii. Employee Termination Table based on age and service

Age	Years of Benefit Service					
	0	1	2	3	4	5+
25	8%	5%	3%	3%	3%	3%
35	8%	8%	10%	10%	6%	8%
45	7%	7%	2%	2%	2%	4%
55	5%	5%	2%	2%	2%	2%

Rationale for Termination Rates: Based on study of plan experience from 2001-2007 and reviewed annually for consistency with most recent 5 years' experience

IBEW LOCAL 56 PENSION PLAN

P. Actuarial Assumptions and Funding Methods for the May 1, 2024 Valuation (continued)

f. Methods

i. Asset Valuation Method

Asset gains or losses are determined each year by calculating the difference between the expected market value (based on the funding rate of interest) and the actual market value of the assets on the valuation date. These gains or losses are then recognized over a 5-year period at 20% per year, with the actuarial value of assets subject to a minimum of 80% and a maximum of 120% of the market value.

ii. Actuarial Cost Method

Unit credit, where the unamortized portion of the unfunded accrued liability plus the credit balance will not be less than \$0

3. Prescribed Assumptions and Methods Set by Law

The use of the following prescribed assumptions are required by the provisions of the Internal Revenue Code and various subsequent legislation. No representation to the validity of these assumptions should be inferred beyond their stated purpose. Determinations for purposes other than those stated may be significantly different from the results illustrated in this report.

RPA '94 Current Liability

Interest Rate 3.56% per year

Mortality Table IRS 2024 Static Mortality Table

4. Changes in Actuarial Assumptions or Cost Methods

The interest rates and mortality used to determine the plan's current liability were updated as required by law.

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 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>05/01/2024</u> and ending <u>04/30/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information							
1a Name of plan IBEW LOCAL 56 PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/1972</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/01/1972			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 05/01/1972							
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 56 PENSION PLAN PO BOX 10037 ERIE PA 16514	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 25-6149244</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 814-240-3730</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238210</td> </tr> </table>	2b Employer Identification Number (EIN) 25-6149244		2c Plan Sponsor's telephone number 814-240-3730		2d Business code (see instructions) 238210	
2b Employer Identification Number (EIN) 25-6149244							
2c Plan Sponsor's telephone number 814-240-3730							
2d Business code (see instructions) 238210							

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

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

SIGN HERE		2/3/26	Brent M. Bricker UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/3/26	Jeffrey Bartlett EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	547
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	228
a(2) Total number of active participants at the end of the plan year	6a(2)	225
b Retired or separated participants receiving benefits	6b	184
c Other retired or separated participants entitled to future benefits	6c	86
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	495
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	57
f Total. Add lines 6d and 6e.	6f	552
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	35

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
International Brotherhood of Electrical Workers
Local No. 56 Pension Plan
Erie, PA.

We have audited the financial statements of the International Brotherhood of Electrical Workers Local Union No. 56 Pension Plan as of and for the year ended April 30, 2025, and our report thereon dated February 2, 2026 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of April 30, 2025 and the schedule of reportable transactions for the year ended April 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
February 2, 2026

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 56 PENSION PLAN
REPORTABLE (5%) TRANSACTIONS
YEAR ENDED APRIL 30, 2025

Federal I.D. - 25-6149244
 Plan No. - 001

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

(a) Identity of party involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
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- None -

II. Series of Transactions:

<u>Description of Investment</u>	<u>Total Number of Purchases</u>	<u>Total Number of Sales</u>	<u>Total Value of Purchases</u>	<u>Total Value of Sales</u>	<u>Net Gain or (Loss)</u>
Federated Hermes US Treasury Cash Reserves	135	65	\$ 11,872,983	\$ 12,007,827	-

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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


A Name of plan <u>IBEW LOCAL 56 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 56</u>	D Employer Identification Number (EIN) <u>25-6149244</u>	

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	68,917,205
(2) Actuarial value of assets for funding standard account.....	1b(2)	70,235,196
c (1) Accrued liability for plan using immediate gain methods	1c(1)	66,803,616
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	66,803,616
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	97,902,390
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,941,428
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,662,518
(3) Expected plan disbursements for the plan year	1d(3)	4,662,518

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

SIGN HERE		<u>02/02/2026</u>
	Signature of actuary	Date
	<u>KEITH L. NICHOLS, M.A.A.A.</u>	<u>2304725</u>
	Type or print name of actuary	Most recent enrollment number
	<u>USI CONSULTING GROUP</u>	<u>724-934-2790</u>
	Firm name	Telephone number (including area code)
	<u>6 PPG PLACE, SUITE 200</u>	
	<u>PITTSBURGH PA 15222</u>	
	Address of the firm	

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

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.56 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate.....	6d	6.50 %
e Salary scale.....	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	130,683
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	84,296	8,418
3	3,710,267	370,514

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1,084,995
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	18,807,159
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	235,397
e Total charges. Add lines 9a through 9d	9e	3,856,882
Credits to funding standard account:		
f Prior year credit balance, if any	9f	16,055,991
g Employer contributions. Total from column (b) of line 3	9g	2,903,421
	Outstanding balance	
h Amortization credits as of valuation date	9h	6,182,748
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,191,375
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	16,004,178
(2) "RPA '94" override (90% current liability FFL)	9j(2)	18,799,308
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	20,971,931
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	17,115,049
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Plan Name: IBEW LOCAL 56 PENSION PLAN

EIN: 25-6149244

Plan Number: 001

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Expected Annual Benefit Payments
2024	4,659,523
2025	4,852,801
2026	4,887,245
2027	4,961,116
2028	5,030,031
2029	5,116,513
2030	5,194,496
2031	5,247,311
2032	5,357,277
2033	5,415,543

IBEW LOCAL 56 PENSION PLAN

O. Summary of Principal Plan Provisions

1. Effective Date May 1, 1972
2. Plan Year Ends April 30
3. Eligibility for Participation Members are eligible to participate immediately following the 1,000 hours of Eligibility Service
4. Normal Retirement Age The later of the participant's 65th birthday or the fifth anniversary of the initial entry date
5. Normal Retirement Pension Benefit Multiplier from May 1, 2014 was \$69.00
 Benefit Multiplier from May 1, 2021 was \$73.00
 Benefit Multiplier from May 1, 2023 was \$75.00
 Benefit Multiplier from May 1, 2024 was \$80.00
6. Early Retirement Normal retirement pension reduced by the following schedule for any participant who has attained age 55 and completed ten Years of Credited Service

<u>Age at Early Pension</u>	<u>Percent Reduction of Normal Retirement Pension</u>
55	28.5%
56	24.0%
57	19.5%
58	15.0%
59	10.5%
60	6.0%
61	3.0%
62	0.0%
63	0.0%
64	0.0%
65	0.0%

7. Disability Retirement All participants who are determined to be totally and permanently disabled shall be entitled to an immediate annuity equal to the participant's accrued benefit

Disability benefits cease at the time Retirement Benefits commence or if re-employed

IBEW LOCAL 56 PENSION PLAN

O. Summary of Principal Plan Provisions (continued)

8. Active Participant's Death Benefit Participants are entitled to the following death benefits:
- A) The beneficiary of any participant who has not incurred two consecutive One Year Breaks in Service since his last day of Covered Employment is entitled to a \$60,000 death benefit
 - B) In addition, the spouse of a vested participant who dies is entitled to receive either 1) an annuity equal to 100% of the actuarially reduced Joint & 100% Survivor Benefit, commencing immediately or at the participant's earliest retirement age, if later, or 2) \$30,000 lump sum death benefit. All other beneficiaries of vested participants shall be entitled to a \$30,000 lump sum death
9. Terminated Vested Death Benefit An annuity equal to 100% of the actuarially reduced Joint & 100% Survivor Benefit
10. Termination Benefit A participant shall be vested in his accrued benefit according to the following schedule:
- | <u>Years of Vesting Service</u> | <u>Vested Percentage</u> |
|---------------------------------|--------------------------|
| 0-4 | 0% |
| 5 or more | 100% |
- A participant who has accumulated at least 10,000 hours of credit shall be deemed to be 100% vested
11. Normal Form of Benefit An annuity payable during the lifetime of the participant
12. Optional Forms of Benefit Life Annuity, Life Annuity with 5 Years Guaranteed, Life Annuity with 10 Years Guaranteed, Joint & 100% Survivorship Annuity, Joint & 66.7% Survivorship Annuity, Joint & 50% Survivorship Annuity, or Early Social Security Option if participant is less than 62
13. Definitions
- a. Eligibility Service Service for which a contributing employer is required to contribute to the Trust Fund on the member's behalf
 - b. Year of Benefit Service Total hours of credited service divided by 1,500, rounded to the nearest 1/10th of a year
 - c. Year of Vesting Service One Year of Vesting Service is granted for each plan year in which the member completes 1,000 hours of service
 - d. Year of Credited Service One Year of Credited Service is granted for each plan year in which the member is credited 1,000 hours of service



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
International Brotherhood of Electrical Workers
Local No. 56 Pension Plan
Erie, PA.

We have audited the financial statements of the International Brotherhood of Electrical Workers Local Union No. 56 Pension Plan as of and for the year ended April 30, 2025, and our report thereon dated February 2, 2026 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of April 30, 2025 and the schedule of reportable transactions for the year ended April 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
February 2, 2026

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 56 PENSION PLAN
ASSETS HELD FOR INVESTMENT PURPOSES
APRIL 30, 2025

Federal I.D. - 25-6149244
Plan No. - 001

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

(a)	(b) Identify of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	(d) Cost	(e) Current Value
	<u>Interest - Bearing Cash:</u>							
	Federated Hermes US Treasury Cash	Money Market	N/A	N/A	variable	578,947	\$ 578,947	\$ 578,947
	Goldman Sachs Govt	Money Market	N/A	N/A	variable	3	3	3
							578,950	578,950
	<u>Common Collective Trusts:</u>							
	Newtower Multi-Employer Prop Trst	CCT	N/A	N/A	N/A	473	3,000,261	5,927,445
	Ameriserv Erect Fund II	CCT	N/A	N/A	N/A	341	1,000,000	1,721,178
							4,000,261	7,648,623
	<u>Registered Investment Companies - Mutual Funds:</u>							
	American Europacific Growth Fund	Mutual Fund	N/A	N/A	N/A	58,135	2,798,159	3,296,844
	Federated Total Return Bond Fund	Mutual Fund	N/A	N/A	N/A	971,609	10,277,457	9,220,566
	Vanguard Idx Total Stock Mkt Fd	Mutual Fund	N/A	N/A	N/A	68,031	3,851,303	9,039,949
	Baird Aggregate Bond Fund	Mutual Fund	N/A	N/A	N/A	937,195	9,192,496	9,212,625
							26,119,415	30,769,984
	<u>Corporate Stocks:</u>							
	(See attached page 12 - 16)						25,425,502	32,199,232
							\$ 56,124,128	\$ 71,196,789

IBEW LOCAL 56 PENSION PLAN
ASSETS HELD FOR INVESTMENT PURPOSES
APRIL 30, 2025

Federal I.D. - 25-6149244
 Plan No. - 001

FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(b) & (c)

(a) Identity & Description

(e)

(d)

Corporate stock - common

Description (Symbol)	Value last statement	Current	%	Unrealized gain/loss	Total original
		market value			value at PNC
	Quantity	Current	of total		Avg. original value
		price per unit	portfolio		at PNC per unit
EATON CORP PLC (ETN)	\$130,128.12	\$135,410.20	0.22 %	\$5,282.08	\$130,128.12
SEDOL B8KQN82	460	\$294.3700			\$282.89
ISIN IE00B8KQN827					
20-55-002-***7685					
FTAI AVIATION LTD (FTAI)	38,463.34	50,877.25	0.09 %	12,413.91	33,982.01
SEDOL BLKFTK4	475	107.1100			71.54
ISIN KYG3730V1059					
20-55-002-***7685					
NEW LINDE PLC (LIN)	163,707.78	167,695.10	0.27 %	3,987.32	121,381.02
SEDOL BNZHB81	370	453.2300			328.06
ISIN IE000S9YS762					
20-55-002-***7685					
MEDTRONIC PLC (MDT)	155,883.50	156,382.20	0.25 %	498.70	161,081.42
SEDOL BTN1Y11	1,845	84.7600			87.31
ISIN IE00BTN1Y115					
20-55-002-***7685					
WILLIS TOWERS WATSON PLC (WTW)	165,412.94	170,829.00	0.27 %	5,416.06	165,412.94
SEDOL BDB6Q21	555	307.8000			298.04
ISIN IE00BDB6Q211					
20-55-002-***7685					
AT&T INC (T)	67,475.55	110,661.50	0.18 %	43,185.95	70,044.65
20-55-002-***7685	3,995	27.7000			17.53
ABBOTT LABORATORIES INC (ABT)	54,534.93	66,028.75	0.11 %	11,493.82	55,518.28
20-55-002-***7685	505	130.7500			109.94
ABBVIE INC (ABBV)	67,724.17	70,236.00	0.12 %	2,511.83	67,724.17
20-55-002-***7685	360	195.1000			188.12
ADVANCED MICRO DEVICES INC (AMD)	60,037.30	35,046.00	0.06 %	-24,991.30	60,037.30
20-55-002-***7685	360	97.3500			166.77
ALCOA CORP (AA)	15,110.20	10,547.90	0.02 %	-4,562.30	15,871.99
20-55-002-***7685	430	24.5300			36.91
ALLSTATE CORP (ALL)	97,766.50	109,114.50	0.18 %	11,348.00	83,997.47
20-55-002-***7685	550	198.3900			152.72
ALPHABET INC/CA-CL A (GOOGL)	1,257,403.42	1,226,253.60	1.93 %	-31,149.82	855,494.94
20-55-002-***6100	7,722	158.8000			110.79
ALPHABET INC/CA-CL A (GOOGL)	52,903.50	51,610.00	0.09 %	-1,293.50	41,608.87
20-55-002-***7685	325	158.8000			128.03
AMAZON COM INC (AMZN)	919,642.03	958,615.16	1.51 %	38,973.13	623,001.98
20-55-002-***6100	5,198	184.4200			119.85
AMERICAN TOWER CORP (AMT)	51,475.06	61,987.75	0.10 %	10,512.69	66,956.41
20-55-002-***7685	275	225.4100			243.48
AMPHENOL CORP NEW (APH)	508,730.22	612,906.75	0.97 %	104,176.53	508,730.22
CL A	7,965	76.9500			63.87
20-55-002-***6100					
ARISTA NETWORKS INC (ANET)	55,327.24	56,354.95	0.09 %	1,027.71	55,327.24
20-55-002-***7685	685	82.2700			80.77
ASSURANT INC (AIZ)	44,472.00	49,148.70	0.08 %	4,676.70	39,208.85
20-55-002-***7685	255	192.7400			153.76
ASTRAZENECA PLC (AZN)	142,703.08	132,811.50	0.21 %	-9,891.58	139,637.30
SPONS ADR	1,850	71.7900			75.48
20-55-002-***7685					
BANK OF AMERICA CORP (BAC)	178,785.06	163,707.40	0.26 %	-15,077.66	178,785.06
20-55-002-***7685	4,105	39.8800			43.55

IBEW LOCAL 56 PENSION PLAN
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APRIL 30, 2025

Federal I.D. - 25-6149244
 Plan No. - 001

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(b) & (c)

(a) Identity & Description		(e)			(d)
BECTON DICKINSON & CO (BDX)	84,262.47	76,623.30	0.13 %	- 7,639.17	84,262.47
20-55-002-***7685	370	207.0900			227.74
BERKSHIRE HATHAWAY INC (BRKB)	171,536.56	229,297.50	0.37 %	57,760.94	137,159.94
CLASS B	430	533.2500			318.98
20-55-002-***7685					
BLACKROCK FUNDING INC/DE (BLK)	460,755.92	524,785.24	0.83 %	64,029.32	410,424.02
20-55-002-***6100	574	914.2600			715.02
BOSTON SCIENTIFIC CORP (BSX)	34,905.06	46,291.50	0.08 %	11,386.44	34,905.06
20-55-002-***7685	450	102.8700			77.57
BRIXMOR PROPERTY GROUP INC (BRX)	53,968.89	48,948.15	0.08 %	- 5,020.74	53,968.89
20-55-002-***7685	1,965	24.9100			27.47
BUILDERS FIRSTSOURCE INC (BLDR)	33,853.30	22,729.70	0.04 %	- 11,123.60	31,528.54
20-55-002-***7685	190	119.6300			165.94
CBOE GLOBAL MARKETS INC (CBOE)	303,123.28	360,203.20	0.57 %	57,079.92	218,161.32
20-55-002-***6100	1,624	221.8000			134.34
CBRE GROUP INC (CBRE)	728,386.84	690,317.00	1.09 %	- 38,069.84	728,386.84
20-55-002-***6100	5,650	122.1800			128.92
CDW CORP/DE (CDW)	597,456.35	481,198.32	0.76 %	- 116,258.03	597,456.35
20-55-002-***6100	2,997	160.5600			199.35
CSX CORP (CSX)	576,544.90	481,989.97	0.76 %	- 94,554.93	573,751.54
20-55-002-***6100	17,171	28.0700			33.41
CADENCE DESIGN SYSTEMS INC (CDNS)	846,127.46	914,955.02	1.44 %	68,827.56	846,127.46
20-55-002-***6100	3,073	297.7400			275.34
CAPITAL ONE FINANCIAL CORP (COF)	49,051.53	47,768.90	0.08 %	- 1,282.63	49,051.53
20-55-002-***7685	265	180.2600			185.10
CENTERPOINT ENERGY INC (CNP)	113,140.05	150,272.50	0.24 %	37,132.45	109,650.37
20-55-002-***7685	3,875	38.7800			28.30
CHEVRON CORPORATION (CVX)	79,022.30	66,669.40	0.11 %	- 12,352.90	63,820.10
20-55-002-***7685	490	136.0600			130.25
CHIPOTLE MEXICAN GRIL CL A (CMG)	550,840.01	541,422.84	0.86 %	- 9,417.17	550,840.01
20-55-002-***6100	10,717	50.5200			51.40
CISCO SYSTEMS INC (CSCO)	68,339.54	66,966.80	0.11 %	- 1,372.74	68,339.54
20-55-002-***7685	1,160	57.7300			58.91
CITIZENS FINANCIAL GROUP (CFG)	109,954.28	96,836.25	0.16 %	- 13,118.03	109,954.28
20-55-002-***7685	2,625	36.8900			41.89
COCA COLA CO (KO)	541,394.45	629,008.50	0.99 %	87,614.05	454,264.31
20-55-002-***6100	3,670	72.5500			52.39
COCA COLA CO (KO)	128,455.39	148,364.75	0.24 %	19,909.36	115,723.18
20-55-002-***7685	2,045	72.5500			56.59
CONOCOPHILLIPS (COP)	86,049.70	61,047.20	0.10 %	- 25,002.50	52,991.83
20-55-002-***7685	685	89.1200			77.36
COPART INC (CPRT)	608,536.01	695,436.85	1.10 %	86,900.84	461,782.77
20-55-002-***6100	11,395	61.0300			40.53
DANAHER CORP (DHR)	422,447.97	405,237.89	0.64 %	- 17,210.08	422,447.97
20-55-002-***6100	2,033	199.3300			207.80
DANAHER CORP (DHR)	71,743.59	64,782.25	0.11 %	- 6,961.34	70,275.48
20-55-002-***7685	325	199.3300			216.23
DELL TECHNOLOGIES -C (DELL)	80,775.94	61,479.20	0.10 %	- 19,296.74	80,775.94
20-55-002-***7685	670	91.7600			120.56
DELTA AIR LINES INC (DAL)	65,300.20	43,295.20	0.07 %	- 22,005.00	65,300.20
20-55-002-***7685	1,040	41.6300			62.79
DEUTSCHE TELEKOM AG (DEGY)	32,976.00	51,566.40	0.09 %	18,590.40	36,144.43
SPONSORED ADR	1,440	35.8100			25.10
20-55-002-***7685					
DISNEY WALT CO (DIS)	57,772.00	47,294.00	0.08 %	- 10,478.00	49,592.16
20-55-002-***7685	520	90.9500			95.37
EPAM SYSTEMS INC (EPAM)	523,231.52	394,157.92	0.63 %	- 129,073.60	517,459.78
20-55-002-***6100	2,512	156.9100			206.00
EQUINIX INC (EQIX)	58,256.40	64,556.25	0.11 %	6,299.85	58,125.14
20-55-002-***7685	75	860.7500			775.00
EXTRA SPACE STORAGE INC (EXR)	470,091.82	403,662.60	0.64 %	- 66,429.22	470,091.82
20-55-002-***6100	2,755	146.5200			170.63

IBEW LOCAL 56 PENSION PLAN
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FORM 5500, SCHEDULE H, PART IV, QUESTION I
(b) & (c)

(a) Identity & Description			(e)			(d)
EXXON MOBIL CORP (XOM)	146,654.80		130,981.20	0.21 %	- 15,673.60	74,567.58
20-55-002-***6100	1,240		105.6300			60.14
META PLATFORMS INC (META)	716,275.66		884,988.00	1.40 %	168,712.34	411,987.58
20-55-002-***6100	1,612		549.0000			255.58
FISERV INC (FI)	431,045.77		519,195.41	0.82 %	88,149.64	431,045.77
20-55-002-***6100	2,813		184.5700			153.23
FREEPORT-MCMORAN INC (FCX)	75,335.55		57,648.00	0.10 %	- 17,687.55	64,326.82
20-55-002-***7685	1,600		36.0300			40.20
GE VERNOVA LLC (GEV)	44,658.61		82,692.86	0.14 %	38,034.25	38,453.73
20-55-002-***7685	223		370.8200			172.44
GE AEROSPACE (GE)	93,965.00		115,885.50	0.19 %	21,920.50	65,879.59
20-55-002-***7685	575		201.5400			114.57
GENERAL MOTORS CO (GM)	49,873.60		50,668.80	0.08 %	795.20	43,486.39
20-55-002-***7685	1,120		45.2400			38.83
HEICO CORP NEW (HEIA)	407,192.34		473,391.08	0.75 %	66,198.74	393,550.86
CL A	2,356		200.9300			167.04
20-55-002-***6100						
INTERCONTINENTAL EXCHANGE INC (ICE)	271,890.82		338,627.52	0.54 %	66,636.70	209,474.21
20-55-002-***6100	2,016		167.9700			103.91
INTERCONTINENTAL EXCHANGE INC (ICE)	100,933.47		131,016.60	0.21 %	30,083.13	85,752.61
20-55-002-***7685	780		167.9700			109.94
INTERNATIONAL BUSINESS MACHS (IBM)	41,907.01		51,991.30	0.09 %	10,084.29	39,146.09
CORP	215		241.8200			182.07
20-55-002-***7685						
INTUITIVE SURGICAL INC (ISRG)	390,633.48		543,653.20	0.86 %	153,019.72	171,324.53
20-55-002-***6100	1,054		515.8000			162.55
IQVIA HOLDINGS INC (IQV)	81,184.36		55,825.20	0.09 %	- 25,359.16	81,184.36
20-55-002-***7685	360		155.0700			225.51
JBS SA-SPONSORED ADR (JBSAY)	31,239.58		30,418.40	0.05 %	- 821.18	31,239.58
ADR SEDOL B3K5JCO	1,880		16.1800			16.62
ISIN US4661101034						
20-55-002-***7685						
JPMORGAN CHASE & CO (JPM)	390,574.38		498,290.94	0.79 %	107,716.56	278,628.31
20-55-002-***6100	2,037		244.6200			136.78
JPMORGAN CHASE & CO (JPM)	135,823.58		166,341.60	0.27 %	30,518.02	115,655.47
20-55-002-***7685	680		244.6200			170.08
JOHNSON & JOHNSON (JNJ)	380,850.06		411,720.54	0.65 %	30,870.48	345,072.47
20-55-002-***6100	2,634		156.3100			131.01
JOHNSON & JOHNSON (JNJ)	76,223.53		76,591.90	0.13 %	368.37	76,223.53
20-55-002-***7685	490		156.3100			155.56
KKR & CO INC (KKR)	91,958.43		105,699.75	0.17 %	13,741.32	87,095.50
CLASS A	925		114.2700			94.16
20-55-002-***7685						
L3 HARRIS TECHNOLOGIES INC (LHX)	636,617.31		658,519.86	1.04 %	21,902.55	628,690.50
20-55-002-***6100	2,993		220.0200			210.05
LOWES COMPANIES INC (LOW)	43,318.10		42,476.40	0.07 %	- 841.70	43,073.59
20-55-002-***7685	190		223.5600			226.70
MSCI INC (MSCI)	264,560.86		304,171.38	0.48 %	39,610.52	264,560.86
20-55-002-***6100	558		545.1100			474.12
MASCO CORP (MAS)	368,671.70		326,445.46	0.52 %	- 42,226.24	270,661.60
20-55-002-***6100	5,386		60.6100			50.25
MASTERCARD INC CL A (MA)	1,031,443.20		1,252,865.16	1.98 %	221,421.96	374,589.90
20-55-002-***6100	2,286		548.0600			163.86
MCDONALD'S CORP (MCD)	56,171.72		65,528.25	0.11 %	9,356.53	56,171.72
20-55-002-***7685	205		319.6500			274.01
MCKESSON CORPORATION (MCK)	80,050.85		96,226.65	0.16 %	16,175.80	70,530.27
20-55-002-***7685	135		712.7900			522.45
MERCK & CO INC (MRK)	32,072.73		23,430.00	0.04 %	- 8,642.73	25,904.52
20-55-002-***7685	275		85.2000			94.20
MICROSOFT CORP (MSFT)	1,475,636.04		1,484,991.82	2.34 %	9,355.78	880,296.99
20-55-002-***6100	3,757		395.2600			234.31
MICROSOFT CORP (MSFT)	128,091.19		124,506.90	0.20 %	- 3,584.29	118,159.99
20-55-002-***7685	315		395.2600			375.11

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(b) & (c)

(a)	(b) & (c)		(e)		(d)
Identify & Description					
MICRON TECHNOLOGY INC (MU)	35,246.07	26,163.00	0.05 %	- 9,083.07	31,442.06
20-55-002-***7685	340	76.9500			92.48
MOODY'S CORP (MCO)	326,260.73	399,198.72	0.63 %	72,937.99	205,506.79
20-55-002-***6100	881	453.1200			233.27
NASDAQ INC (NDAQ)	443,498.23	476,617.34	0.76 %	33,119.11	443,498.23
20-55-002-***6100	6,254	76.2100			70.91
NIKE INC (NKE)	36,931.82	27,072.00	0.05 %	- 9,859.82	36,931.82
CLASS B	480	56.4000			76.94
20-55-002-***7685					
NORFOLK SOUTHERN CORP (NSC)	424,019.12	412,476.05	0.65 %	- 11,543.07	391,666.20
20-55-002-***6100	1,841	224.0500			212.75
NORTHROP GRUMMAN CORPORATION (NOC)	62,068.36	58,380.00	0.10 %	- 3,688.36	62,068.36
20-55-002-***7685	120	486.5000			517.24
NVIDIA CORP (NVDA)	1,108,965.48	1,201,823.28	1.90 %	92,857.80	965,042.17
20-55-002-***6100	11,034	108.9200			87.46
PPL CORPORATION (PPL)	122,673.78	160,417.50	0.26 %	37,743.72	118,243.66
20-55-002-***7685	4,395	36.5000			26.90
PARKER HANNIFIN CORP (PH)	111,641.46	114,961.40	0.19 %	3,319.94	86,141.84
20-55-002-***7685	190	605.0600			453.38
PENN ENTERTAINMENT INC (PENN)	44,197.80	35,234.30	0.06 %	- 8,963.50	44,197.80
20-55-002-***7685	2,315	15.2200			19.09
PROCTER & GAMBLE CO (PG)	132,222.98	130,056.00	0.21 %	- 2,166.98	126,854.22
20-55-002-***7685	800	162.5700			158.57
PROLOGIS INC (PLD)	65,374.65	62,853.00	0.10 %	- 2,521.65	72,412.25
20-55-002-***7685	615	102.2000			117.74
RTX CORPORATION (RTX)	167,182.07	177,843.30	0.28 %	10,661.23	167,182.07
20-55-002-***7685	1,410	126.1300			118.57
ROLLINS INC (ROL)	440,924.85	535,250.97	0.85 %	94,326.12	443,514.26
20-55-002-***6100	9,369	57.1300			47.34
S&P GLOBAL INC (SPGI)	281,101.08	338,033.80	0.54 %	56,932.72	164,116.88
20-55-002-***6100	676	500.0500			242.78
S&P GLOBAL INC (SPGI)	77,179.03	92,509.25	0.15 %	15,330.22	66,270.86
20-55-002-***7685	185	500.0500			358.22
SALESFORCE INC (CRM)	286,421.10	286,176.15	0.46 %	- 244.95	204,949.35
20-55-002-***6100	1,065	268.7100			192.44
SCHWAB CHARLES CORP NEW (SCHW)	62,861.73	65,527.00	0.11 %	2,665.27	62,861.73
20-55-002-***7685	805	81.4000			78.09
SERVICE NOW INC (NOW)	820,159.56	1,062,926.13	1.68 %	242,766.57	593,759.45
20-55-002-***6100	1,113	955.0100			533.48
SHERWIN-WILLIAMS CO (SHW)	448,386.91	467,266.08	0.74 %	18,879.17	448,386.91
20-55-002-***6100	1,324	352.9200			338.66
SOUTHERN CO (SO)	108,817.92	128,646.00	0.21 %	19,828.08	106,624.03
20-55-002-***7685	1,400	91.8900			76.16
SYNOPSIS INC (SNPS)	443,329.61	373,175.13	0.59 %	- 70,154.48	443,329.61
20-55-002-***6100	813	459.0100			545.30
TD SYNnex CORP (SNX)	81,670.49	82,546.00	0.13 %	855.51	78,294.43
20-55-002-***7685	745	110.8000			105.09
THERMO FISHER SCIENTIFIC INC (TMO)	791,739.32	580,008.00	0.92 %	- 211,731.32	635,058.62
20-55-002-***6100	1,352	429.0000			469.72
TRANSUNION (TRU)	893,850.78	821,304.00	1.30 %	- 72,546.78	903,307.85
20-55-002-***6100	9,900	82.9600			91.24
UMB FINL CORP (UMBF)	37,835.34	27,898.15	0.05 %	- 9,937.19	37,835.34
20-55-002-***7685	295	94.5700			128.26
UNION PACIFIC CORP (UNP)	455,347.20	414,067.20	0.66 %	- 41,280.00	418,399.83
20-55-002-***6100	1,920	215.6600			217.92
UNITEDHEALTH GROUP INC (UNH)	94,662.48	80,230.80	0.13 %	- 14,431.68	69,146.50
20-55-002-***7685	195	411.4400			354.60
VALERO ENERGY CORP (VLO)	68,335.84	49,918.70	0.08 %	- 18,417.14	55,868.50
20-55-002-***7685	430	116.0900			129.93
VERTEX PHARMACEUTICALS INC (VRTX)	311,367.44	395,372.00	0.63 %	84,004.56	177,713.43
20-55-002-***6100	776	509.5000			229.01

IBEW LOCAL 56 PENSION PLAN
ASSETS HELD FOR INVESTMENT PURPOSES
APRIL 30, 2025

Federal I.D. - 25-6149244
Plan No. - 001

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(b) & (c)

(a) Identity & Description

(e)

(d)

Corporate stock - common

Description (Symbol)	Value last statement	Current	% of total portfolio	Unrealized gain/loss	Total original
		market value			value at PNC
	Quantity	Current price per unit			Avg. original value at PNC per unit
VISA INC (V)	611,989.95	785,667.00	1.24 %	173,677.05	262,117.99
CLASS A SHARES 20-55-002-***6100	2,274	345.5000			115.27
VULCAN MATERIALS CO (VMC)	67,874.63	73,452.40	0.12 %	5,577.77	59,773.82
20-55-002-***7685	280	262.3300			213.48
WALMART INC (WMT)	89,321.75	146,361.25	0.24 %	57,039.50	69,045.33
20-55-002-***7685	1,505	97.2500			45.88
WELLS FARGO & COMPANY (WFC)	158,087.80	189,241.65	0.30 %	31,153.85	112,121.50
20-55-002-***7685	2,665	71.0100			42.07
WHIRLPOOL CORP (WHR)	38,510.88	33,563.20	0.06 %	- 4,947.68	41,035.13
20-55-002-***7685	440	76.2800			93.26
WILLIAMS COMPANIES INC (WMB)	79,046.33	78,776.65	0.13 %	- 269.68	79,046.33
20-55-002-***7685	1,345	58.5700			58.77
WORKDAY INC CL A (WDAY)	368,308.50	390,040.00	0.62 %	21,731.50	368,308.50
20-55-002-***6100	1,592	245.0000			231.35
Total corporate stock - common	\$30,508,372.47	\$32,199,231.89	50.67 %	\$1,690,859.42	\$25,425,502.08

IBEW LOCAL 56 PENSION PLAN

G. Amortization Schedules as of May 1, 2024

	<u>Date Established</u>	<u>Original Balance</u>	<u>Balance as of 5/1/2024</u>	<u>Years Remaining as of 5/1/2024</u>	<u>Payment as of 5/1/2024</u>
1. <u>Minimum Funding</u>					
<i>Charges</i>					
Assumption Change	5/1/2006	\$ 788,891	\$ 502,025	12.00	\$ 57,776
Benefit Change	5/1/2006	4,186,456	2,664,144	12.00	306,609
Assumption Change	5/1/2010	145,617	14,829	1.00	14,829
Actuarial Loss	5/1/2011	544,726	107,325	2.00	55,352
Actuarial Loss	5/1/2012	984,413	281,573	3.00	99,826
Assumption Change	5/1/2013	169,171	62,464	4.00	17,121
Actuarial Loss	5/1/2013	906,373	334,671	4.00	91,729
Plan change	5/1/2014	639,244	285,773	5.00	64,570
Actuarial Loss	5/1/2015	376,145	195,515	6.00	37,922
Actuarial Loss	5/1/2016	1,786,125	1,093,395	7.00	187,193
Assumption Change	5/1/2016	1,405,725	860,530	7.00	147,325
Assumption Change	5/1/2017	796,287	518,692	8.00	79,989
Actuarial Loss	5/1/2017	1,277,151	831,920	8.00	128,293
Assumption Change	5/1/2018	1,225,475	871,126	9.00	122,889
Actuarial Loss	5/1/2018	607,130	431,574	9.00	60,882
Actuarial Loss	5/1/2019	286,120	219,294	10.00	28,643
Actuarial Loss	5/1/2020	418,636	342,620	11.00	41,840
Assumption changes	5/1/2020	1,489,926	1,219,387	11.00	148,908
Assumption changes	5/1/2021	498,859	432,862	12.00	49,817
Plan change	5/1/2021	2,760,451	2,395,250	12.00	275,663
Plan change	5/1/2023	1,405,757	1,347,627	14.00	140,382
Actuarial Loss	5/1/2024	84,296	84,296	15.00	8,418
Plan change	5/1/2024	3,710,267	3,710,267	15.00	370,514
Sub Total			\$ 18,807,159		\$ 2,536,490
<i>Credits</i>					
Assumption Change	5/1/2001	462,629	199,585	7.00	34,169
Assumption Change	5/1/2007	802,752	537,623	13.00	58,701
Actuarial Gain	5/1/2010	1,030,585	104,939	1.00	104,939
Actuarial Gain	5/1/2014	556,070	248,590	5.00	56,168
Actuarial Gain	5/1/2021	3,213,662	2,788,504	12.00	320,922
Actuarial Gain	5/1/2022	1,370,991	1,253,918	13.00	136,910
Assumption Change	5/1/2023	386,480	370,498	14.00	38,595
Actuarial Gain	5/1/2023	708,384	679,091	14.00	70,740
Sub Total			\$ 6,182,748		\$ 821,144
Total			\$ 12,624,411		\$ 1,715,346
Credit Balance as of 5/1/2024			\$ 16,055,991		
Unfunded Accrued Liability			\$ (3,431,580)		
2. <u>Maximum Funding</u>					
Fresh Start	5/1/2024	\$ 0	\$ 0	10	\$ 0
Total			\$ 0		\$ 0