

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 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan I.B.E.W. LOCAL NO. 106 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/17/1976
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) LOCAL UNION 106 IBEW 322 JAMES AVE JAMESTOWN, NY 14701-9680	2b Employer Identification Number (EIN) 16-6126150 2c Plan Sponsor's telephone number 716-484-9449 2d Business code (see instructions) 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2026	KENT JOESEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 348
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) 153 6a(2) 155 6b 119 6c 63 6d 337 6e 19 6f 356 6g(1) 6g(2) 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 30

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ 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 I.B.E.W. LOCAL NO. 106 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 16-6126150

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 40642342
(2) Actuarial value of assets for funding standard account	1b(2) 40973506
c (1) Accrued liability for plan using immediate gain methods	1c(1) 44021175
(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) 44021175
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) 66734211
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1584815
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3126056
(3) Expected plan disbursements for the plan year	1d(3) 3126056

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	04/02/2026
Signature of actuary KEITH L. NICHOLS, M.A.A.A.	Date 26-04725
Type or print name of actuary USI CONSULTING GROUP	Most recent enrollment number 412-851-5272
Firm name 6 PPG PLACE, SUITE 200 PITTSBURGH, PA 15222	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	40642342
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	133	35589632
(2) For terminated vested participants	62	8279564
(3) For active participants:		
(a) Non-vested benefits		411299
(b) Vested benefits		22453716
(c) Total active	153	22865015
(4) Total	348	66734211
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.90 %

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
08/31/2024	189875	0	01/31/2025	203378	0
09/30/2024	258235	0	02/28/2025	205319	0
10/31/2024	200194	0	03/31/2025	190123	0
11/30/2024	259936	0	04/30/2025	230781	0
12/31/2024	168943	0	05/31/2025	293289	0
Totals ▶			3(b)	2614440	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	93.0 %
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?		☐ Yes ☐ 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)?		☐ Yes ☐ 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. ☐ • 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?		☐ 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	

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	204647	0			
07/31/2025	209720	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

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

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ 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	3.69 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P21	9P21
(2) Females	6c(2)	9FP21	9FP21
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	0.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		12.0 %
i Expense load included in normal cost reported in line 9b	6i		☐ 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)		180000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	241718	24803
3	78504	8055

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	870264

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	9213904	1582261
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 171677**e** Total charges. Add lines 9a through 9d.....**9e** 2624202**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 4631224**g** Employer contributions. Total from column (b) of line 3.....**9g** 2614440**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 406707**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	1535011	199006
9j(1)	9501943	
9j(2)	20283075	

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** 7851377**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 5227175**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan I.B.E.W. LOCAL NO. 106 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 16-6126150	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

BLITMAN & KING LLP

FRANKLIN CENTER, SUITE 300
443 NORTH FRANKLIN STREET
SYRACUSE, NY 13204-5412

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	61186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLTH ADVISORY SERVICES

25434 PRAIRIEWOOD LANE
SHOREWOOD, CA 60404

(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	31456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

6 PPG PLACE
SUITE 200
PITTSBURGH, PA 15222

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	29150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M&T INVESTMENT GROUP

285 DELAWARE AVE
BUFFALO, NY 14202

(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	25042	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NOTTINGHAM ADVISORS

100 CORPORATE PKWY #338
AMHERST, NY 14226

(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	15634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUFFAMANTE, WHIPPLE, BUTTAFARO PC

201 WEST THIRD STREET, SUITE 300
JAMESTOWN, NY 14701

16-1117932

(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	12165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan I.B.E.W. LOCAL NO. 106 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 16-6126150	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND			
b Name of sponsor of entity listed in (a): BLACKROCK			
c EIN-PN 20-3802587-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2129215	
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): BLACKROCK			
c EIN-PN 20-3802587-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3708113	
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH LARGE CAP VALUE FUND			
b Name of sponsor of entity listed in (a): WILMINGTON TRUST			
c EIN-PN 16-1486454-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5839542	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan I.B.E.W. LOCAL NO. 106 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW	D Employer Identification Number (EIN) 16-6126150	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	292716	299225
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	77574	82554
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4160700	5443596
(2) U.S. Government securities	1c(2)	2079174	1792887
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8813305	9705768
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10633969	11676871
(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)	12706761	14381586
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1940246	454202

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40704445	43836689
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	62103	125684
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	62103	125684
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40642342	43711005

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)	2614440	
(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)		2614440
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	257388	
(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)		257388
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	811738	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		811738
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2570565	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		6254131

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2914376	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2914376
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	40553	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12165	
(5) Investment advisory and investment management fees	2i(5)	87455	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	19660	
(8) Legal fees	2i(8)	63093	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	48166	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		271092
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3185468

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3068663
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: **BUFFAMANTE, WHIPPLE, BUTTAFARO PC**

(2) EIN: **16-1117932**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 566468.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan I.B.E.W. LOCAL NO. 106 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 106 IBEW		D Employer Identification Number (EIN) 16-6126150
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 16-0538020		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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 **AHLSTROM SCHAEFFER**

b EIN **16-0810383**

c Dollar amount contributed by employer **913772**

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 **12** 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) **9.45**

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

a Name of contributing employer **BECC ELECTRIC**

b EIN **86-1090298**

c Dollar amount contributed by employer **405858**

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 **12** 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) **9.45**

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

a Name of contributing employer **FERGUSON ELECTRIC**

b EIN **16-0430730**

c Dollar amount contributed by employer **313377**

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 **12** 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) **9.45**

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

a Name of contributing employer **SWAN CONTRACTING**

b EIN **45-4189247**

c Dollar amount contributed by employer **218044**

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 **12** 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) **9.45**

(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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

***I.B.E.W. LOCAL UNION #106
PENSION PLAN***

***REPORT ON AUDITED
FINANCIAL STATEMENTS***

***YEARS ENDED
JUNE 30, 2025 AND 2024***

**I.B.E.W. LOCAL UNION #106
PENSION PLAN**

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***I.B.E.W. LOCAL UNION #106
PENSION PLAN***

JUNE 30, 2025

TRUSTEES

Employer

Dana Jennings

David Painter

Philip Binkiwitz

Employee

Daniel Ekstrom

Kent Joesel

Dean Roe

INVESTMENT CUSTODIANS

M&T Bank – Wilmington Trust
Buffalo, New York

Empower Retirement
Greenwood Village, Colorado

INVESTMENT ADVISORS

Segal Marco Advisors
Boston, Massachusetts

LEGAL COUNSEL

Blitman & King LLP
Rochester, New York

AUDITORS

Buffamante Whipple Buttafaro, P.C
Jamestown, New York

ACTUARY

USI Consulting Group
Pittsburgh, Pennsylvania

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
I.B.E.W. Local Union #106
Pension Plan
Jamestown, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of ***I.B.E.W. Local Union #106 Pension Plan***, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024 and of accumulated plan benefits as of June 30, 2024, and the related statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024 and of changes in accumulated plan benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ***I.B.E.W. Local Union #106 Pension Plan's*** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ***I.B.E.W. Local Union #106 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ***I.B.E.W. Local Union #106 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of *I.B.E.W. Local Union #106 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 *I.B.E.W. Local Union #106 Pension Plan's* ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes and schedule of reportable transactions as of and for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Buffamante Whipple Buttafaro P.C.
BUFFAMANTE WHIPPLE BUTTAFARO, P.C.
Jamestown, New York
March 10, 2026

**I.B.E.W. LOCAL UNION #106
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Page 4

As of June 30,

Assets:

Investments, at fair value:

Cash equivalents

U.S. government securities

Corporate bonds and fixed income investments

Common and collective trusts

Equity mutual funds

2025	2024
\$ 5,324,238	\$ 3,893,885
1,792,887	2,079,174
9,705,768	8,813,305
11,676,871	10,633,969
14,381,586	12,706,761
42,881,350	38,127,094

Stable value funds, at contract value

428,202	1,914,246
---------	-----------

Total investments

43,309,552 40,041,340

Advances to Imprest account

Employers contribution receivable

Investment income receivable

Cash - non interest bearing

26,000	26,000
299,225	292,716
82,554	77,574
119,358	266,815

Total assets

43,836,689 40,704,445

Liabilities:

Accounts payable

125,684	62,103
---------	--------

Net assets available for benefits

\$ 43,711,005 \$ 40,642,342

I.B.E.W. LOCAL UNION #106
PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Page 5

Years ended June 30,	2025	2024
Investment income:		
Net appreciation in fair value of investments	\$ 2,570,565	\$ 3,456,594
Interest	257,388	278,344
Dividends	811,738	679,122
	<u>3,639,691</u>	<u>4,414,060</u>
Less investment expenses	<u>40,383</u>	<u>36,613</u>
Total investment income, net	<u>3,599,308</u>	<u>4,377,447</u>
Contributions:		
Employers	2,716,062	2,251,058
Reciprocity income	395,746	466,353
	<u>3,111,808</u>	<u>2,717,411</u>
Total contributions	<u>3,111,808</u>	<u>2,717,411</u>
Total additions	<u>6,711,116</u>	<u>7,094,858</u>
Benefits paid to participants	<u>2,914,376</u>	<u>2,840,202</u>
Administrative expenses:		
Administration costs	40,553	41,267
Professional fees	155,199	100,757
Rent and building expense	12,384	12,384
Office supplies and expense	4,593	4,204
Insurance	9,105	10,940
Reciprocity expense	497,368	279,889
Computer expense	7,447	7,636
Meetings and seminars	1,428	1,157
	<u>728,077</u>	<u>458,234</u>
Total administrative expenses	<u>728,077</u>	<u>458,234</u>
Total deductions	<u>3,642,453</u>	<u>3,298,436</u>
Net change	3,068,663	3,796,422
Net assets available for benefits, at beginning of year	<u>40,642,342</u>	<u>36,845,920</u>
Net assets available for benefits, at end of year	<u>\$ 43,711,005</u>	<u>\$ 40,642,342</u>

See accompanying independent auditor's report and notes to financial statements.

I.B.E.W. LOCAL UNION #106
PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF JUNE 30, 2024

Page 6

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Participants currently receiving payments	\$ 26,164,033
Active and deferred vested participants	<u>17,688,728</u>
Total vested benefits	43,852,761
Nonvested benefits	<u>168,414</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 44,021,175</u></u>

At June 30, 2023, the total actuarial present value of accumulated plan benefits was \$43,144,558. See Notes 1 and 2 for a description of benefits and actuarial assumptions.

I.B.E.W. LOCAL UNION #106

PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Page 7

Year ended June 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 43,144,558</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	715,922
Increase for interest due to the decrease in the discount period	2,922,393
Plan amendment	78,504
Benefits paid	<u>(2,840,202)</u>
Net increase	<u>876,617</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 44,021,175</u></u>

I.B.E.W. LOCAL UNION #106
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2025 AND 2024

Page 8

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan is a defined benefit pension plan covering substantially all members of the collective bargaining unit represented by Local Union #106 International Brotherhood of Electrical Workers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Normal pension benefits commence at the later of age 65 or fifth anniversary of participation. The benefits are equal to up to \$100.00 per month times their years of credited service depending on when a participant retires. The Plan permits early retirement at age 55 with 10 years of service, as defined. Participants may elect to receive their pension benefits in the form of a joint and 50% survivor benefit. Participants may receive a vested pension benefit with three years of service, termination of employment, and attained age 65; or at early retirement age if they have at least 10 years of service. The participant will receive 30% vesting of normal pension benefit at three years of service which increases 10% in year four and 60% in year five.

To be eligible for the pre-retirement death benefit, the participant must have an eligible spouse, and have attained early retirement age. The benefit amounts to 50% of the amount the participant would have received had they retired on date of death and elected joint and 50% survivor benefit.

To be eligible for disability award pension benefit, the participant must be 45 years old with eight years of service, be disabled, and receiving social security disability benefits. The disability award pension benefit is 50% of the current regular benefit available per month, times the years of credited service, payable until the earlier of 1) death, 2) recovery, or 3) attainment of age 65. The normal retirement benefit commences at age 65.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Estimates

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

Basis of Accounting

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

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Dividends and capital gain from mutual funds are recorded on the trade date. Net appreciation (depreciation) on investments include the Plan's gains and losses on investments bought, sold or held during the year.

Payment of Benefits

Benefits are recorded when paid.

Cash

In the normal course of business the fund periodically maintains cash account balances with banks that exceed the FDIC guaranteed limit.

Administrative Expenses

Certain administrative expenses relating to the Plan are paid by the Plan Sponsor and are therefore excluded from these financial statements. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary. The significant actuarial assumptions used in the valuation as of July 1, 2024 were:

Weighted-average discount rate

7.0%

Retirement

2.5% per year from ages 55 through 56, 5% per year from ages 57 through 58, 25% at ages 59 through 60, 40% at age 61, 60% at age 62, 30% at ages 63 through 64, and 100% per year thereafter.

Mortality

Healthy lives – Pri-2012 Blue Collar Account-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors.
Disabled lives – Pri-2012 Total Dataset Disabled Account-Weighted Mortality Projected with Scale MP-2021

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

**I.B.E.W. LOCAL UNION #106
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2025 AND 2024**

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**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES
(CONTINUED)**

Plan Amendment

Effective January 1, 2024, the Plan was amended to modify the rollover distributions threshold from \$5,000 to \$7,000 for distributions made on or after January 1, 2024. The amendment increased the actuarial present value of accumulated plan benefits by \$78,504.

NOTE 3 - FUNDING POLICY

The Plan's funding policy is to have employer companies pay an amount per participant hour worked. Contributions by employers are determined by the collective bargaining agreements. The employer companies are predominantly from the western New York region.

**NOTE 4 - SUMMARY OF FINANCIAL DATA CERTIFIED
BY CUSTODIAN**

The following is a summary of the Plan financial information and data certified by the custodians, Wilmington Trust and Empower Annuity Insurance Company, in accordance with Section 29CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:

	2025	2024
Wilmington Trust		
Investments at fair value:		
Money market funds	\$ 5,324,238	\$ 3,893,885
U.S. government securities	1,792,887	2,079,174
Corporate bonds and fixed income mutual funds	9,705,768	8,813,305
Common and collective trusts	11,676,871	10,633,969
Equity mutual funds	14,381,586	12,706,761
Total Wilmington Trust Investments:	42,881,350	38,127,094
Empower Annuity Insurance Company		
Investments at contract value:		
Stable value fund	428,202	1,914,246
Investments, at end of year	\$ 43,309,552	\$ 40,041,340

The information above, as well as investment income receivable, interest and dividends income, and net appreciation (depreciation) in fair value of investments were certified to as complete and accurate by Wilmington Trust and Empower Annuity Insurance Company, the custodians of the Plan.

**NOTE 5 - RELATED PARTY AND PARTY IN INTEREST
TRANSACTIONS**

In addition to the Pension Plan, I.B.E.W. Local Union #106 maintains a general fund and separate funds including Health and Welfare, Annuity, and Joint Apprenticeship and Training funds.

Administrative services are paid through an administrative Imprest account and each fund is billed monthly for expenses specifically applicable to it. Subsequently, within each fund, expenses are allocated to the appropriate expense classification. The remaining amount in administrative expenditures represents office wages and related payroll expense. The Plan's reimbursements to this account for expenses amounted to \$61,210 and \$61,645 for the years ended June 30, 2025 and 2024, respectively. The amount owed to this administrative account at June 30, 2025 and 2024 was \$5,592 and \$6,868, respectively, and is reflected in accounts payable.

As of June 30, 2025 and 2024, total advances to the Imprest account amounted to \$26,000.

The Plan leases space from the Local Union #106 Building Corporation for a one-year term ending December 31, 2024 at \$1,032 per month. The lease agreement was renewed for a twelve month term ending December 31, 2025. Rent expense was \$12,384 for both the years ended June 30, 2025 and 2024.

Also, certain plan investments are sponsored by the plan custodians, Wilmington Trust and Empower Annuity Insurance Company. Total investments held by Empower Annuity Insurance Company at June 30, 2025 and 2024 that are party in interest transactions under ERISA amounted to \$428,202 and \$1,914,246, respectively. Investments held by Wilmington Trust that are considered party in interest transactions amounted to \$5,324,238 and \$3,893,885 at June 30, 2025 and 2024, respectively. The Plan also paid certain expenses related to Plan operations and investment activity to various service providers. These party in interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 - PLAN TERMINATION

Participants should refer to the Plan agreement (Section 10.3) for a more complete description of the Plan's provision in the event of termination of the Plan.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

**I.B.E.W. LOCAL UNION #106
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2025 AND 2024**

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NOTE 7 – INCOME TAXES

The Internal Revenue Service has ruled that the Plan qualifies under Section 401 of the Internal Revenue Code and is, therefore, not subject to income tax. The Plan obtained its latest favorable determination letter in January 2003. The Plan has been amended since receiving the determination letter. The Plan Administrator and the Plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan's Form 5500 is subject to examination by the Internal Revenue Service. The last three Plan years remain open for examination.

NOTE 8 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 10, 2026, the date the financial statements were available to be issued.

NOTE 9 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan's investments include benefit-responsive guaranteed investment contracts with Empower Annuity Insurance Company. The contracts are held by the Empower Guaranteed Deposit Account (GDA). Empower Annuity Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contracts or otherwise. The fair value of the investment contracts at June 30, 2025 was \$392,154. The crediting interest rate is based on a formula agreed upon with the issuer, with a minimum credited rate of 0%. Such rates are reviewed on a quarterly basis for resetting.

NOTE 9 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the Plan's ability to transact at contract value with Empower Annuity Insurance Company. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from the contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

During the years ended June 30, 2025 and 2024, the fund was charged a market value adjustment fee in the amount of \$172,863 and \$158,946, respectively, which was netted against net appreciation in fair value of investments. This was charged to the fund because cash outflows in the fund exceeded the contractual limit set forth by the investment contract.

NOTE 10 – RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rate, inflation rates and participant 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.

I.B.E.W. LOCAL UNION #106
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2025 AND 2024

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NOTE 11 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits, except for the Plan's guaranteed investment contracts. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. FASB ASC 820-10-50, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs on the hierarchy consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of quoted prices in active markets for similar assets or liabilities or quoted prices in inactive markets for identical or similar assets or liabilities. Level 3 inputs on the hierarchy are unobservable and significant to the fair value measurement, and have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments.

The common collective trusts consist of Blackrock Mid Cap Equity Index Fund, Blackrock Russ 2000 Index Fund and Flexpath Large Cap Value Fund at June 30, 2025 and 2024. The fair value is determined by the custodian using a market value approach related to the fair value of the underlying securities. The Plan's policy is to recognize transfers into and out of Level 2 as of the date of the event or change in circumstances that cause the transfer.

As of June 30, the Plan's investments measured at fair value consisted of the following instruments and classifications within the fair value hierarchy.

	Quoted Prices In Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total at June 30, 2025
Investments				
Cash equivalents	\$ 5,324,238	\$ --	\$ --	\$ 5,324,238
U.S. government securities	1,792,887	--	--	1,792,887
Corporate bonds and fixed income	9,705,768	--	--	9,705,768
Common and collective trusts	--	11,676,871	--	11,676,871
Equity mutual funds	14,381,586	--	--	14,381,586
Investments at fair value	\$ 31,204,479	\$ 11,676,871	\$ --	\$ 42,881,350
	Quoted Prices In Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total at June 30, 2024
Investments				
Cash equivalents	\$ 3,893,885	\$ --	\$ --	\$ 3,893,885
U.S. government securities	2,079,174	--	--	2,079,174
Corporate bonds and fixed income	8,813,305	--	--	8,813,305
Common and collective trusts	--	10,633,969	--	10,633,969
Equity mutual funds	12,706,761	--	--	12,706,761
Investments at fair value	\$ 27,493,125	\$ 10,633,969	\$ --	\$ 38,127,094

SUPPLEMENTARY INFORMATION

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
* 164,738.450 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 1012604	164,738.45	164,738.45 1.0000	0.4	519.90	4.1	6,734
* 5,159,499.860 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 130609-000	5,159,499.86	5,159,499.86 1.0000	12.0	16,092.56	4.1	210,920
TOTAL MONEY MARKET FUNDS		5,324,238.31	5,324,238.31	12.4	16,612.46	4.1	217,654
TOTAL CASH & CASH EQUIVALENTS		5,324,238.31	5,324,238.31	12.4	16,612.46	4.1	217,654
FIXED INCOME							
U.S. TREASURY OBLIGATIONS							
150,000.000 6/30/25	U.S. TREASURY BONDS 2.000% 11/15/41 CUSIP: 912810TC2 1012604	118,388.67	103,159.50 68.7730	0.2	383.15	2.9	3,000
90,000.000 6/30/25	U.S. TREASURY BONDS 3.625% 2/15/53 CUSIP: 912810TN8 1012604	86,041.41	73,469.70 81.6330	0.2	1,225.69	4.4	3,262
100,000.000 6/30/25	U.S. TREASURY BONDS 4.000% 11/15/42 CUSIP: 912810TM0 1012604	99,515.63	91,231.00 91.2310	0.2	510.87	4.4	4,000
125,000.000 6/30/25	U.S. TREASURY BONDS 4.750% 2/15/41 CUSIP: 912810QN1 1012604	124,568.75	126,626.25 101.3010	0.3	2,230.66	4.7	5,937
72,548.320 6/30/25	U.S. TREASURY TIPS 0.625% 2/15/43 CUSIP: 912810RA8 1012604	47,340.67	53,902.68 74.2990	0.1	167.68	0.8	453

* transaction with party in interest

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
134,885.000 6/30/25	U.S. TREASURY TIPS 1.500% 2/15/53 CUSIP: 912810TP3 1012604	109,096.90	106,773.62 79.1590	0.3	761.49	1.9	2,023
TOTAL U.S. TREASURY OBLIGATIONS		584,952.03	555,162.75	1.3	5,279.54	3.4	18,676
U.S. GOVERNMENT AGENCIES							
190,000.000 6/30/25	FFCB 1.910% 6/01/33 CUSIP: 3133EM4D1 1012604	187,150.00	157,998.30 83.1570	0.4	302.42	2.3	3,629
250,000.000 6/30/25	FFCB 2.230% 9/29/36 CUSIP: 3133EM6L1 1012604	244,197.69	194,047.50 77.6190	0.4	1,424.72	2.9	5,575
150,000.000 6/30/25	FFCB 2.530% 9/25/34 CUSIP: 3133EKT55 1012604	150,150.00	126,580.50 84.3870	0.3	1,012.00	3.0	3,795
125,000.000 6/30/25	FFCB 2.625% 10/15/49 CUSIP: 3133EK2P0 1012604	83,380.00	79,328.75 63.4630	0.2	692.71	4.1	3,281
70,000.000 6/30/25	FFCB 2.750% 3/07/39 CUSIP: 3133ENQR4 1012604	54,119.39	54,908.70 78.4410	0.1	609.58	3.5	1,925
150,000.000 6/30/25	FFCB 5.660% 10/04/38 CUSIP: 3133EPXT7 1012604	149,247.00	151,428.00 100.9520	0.3	2,051.75	5.6	8,490
175,000.000 6/30/25	FHLB 2.200% 3/04/36 CUSIP: 3130ALDT8 1012604	170,790.72	137,070.50 78.3260	0.3	1,251.25	2.8	3,850
200,000.000 6/30/25	FHLB 3.000% 3/25/27 CUSIP: 3130ARDV0 1012604	200,000.00	196,636.00 98.3180	0.5	1,600.00	3.0	6,000

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
15,014.410 6/30/25	FHLMC GD PL #A8976 4.500% 12/01/39 CUSIP: 312936ZZ3 1012604	15,870.69	14,993.99 99.8640	0.0	56.37	4.5	675
49,628.380 6/30/25	FHLMC GD PL #C0904 3.500% 7/01/43 CUSIP: 312925BM1 1012604	51,365.34	46,562.34 93.8220	0.1	144.75	3.7	1,736
1,274.450 6/30/25	FHLMC SER 3100 CMO Z-CPN 1/15/36 CUSIP: 31396H2D0 1012604	936.72	1,063.97 83.4850	0.0	0.00	0.0	0
21,354.280 6/30/25	FNMA PL #AT8912 3.000% 7/01/43 CUSIP: 3138WW3W7 1012604	21,434.39	19,277.79 90.2760	0.0	53.39	3.3	640
274.410 6/30/25	FNMA PL #190302 6.000% 6/01/29 CUSIP: 31368HKP7 1012604	288.72	281.32 102.5180	0.0	1.38	5.8	16
324.230 6/30/25	FNMA PL #545819 6.500% 8/01/32 CUSIP: 31385JK80 1012604	344.00	335.20 103.3830	0.0	1.73	6.3	21
50,680.170 6/30/25	FNMA PL #888209 5.500% 5/01/36 CUSIP: 31410FYE9 1012604	57,157.76	52,304.47 103.2050	0.1	232.30	5.3	2,787
4,390.530 6/30/25	FNMA PL #995196 6.000% 7/01/38 CUSIP: 31416BRR1 1012604	4,785.69	4,602.72 104.8330	0.0	21.95	5.7	263
289.960 6/30/25	GNMA PL #781402 7.500% 2/15/32 CUSIP: 36225BRX8 1012604	314.86	303.74 104.7510	0.0	1.70	7.2	21
TOTAL U.S. GOVERNMENT AGENCIES		1,391,532.97	1,237,723.79	2.9	9,458.00	3.4	42,708

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CORPORATE & FOREIGN BONDS							
50,000.000 6/30/25	ALTRIA GROUP INC 2.450% 2/04/32 CUSIP: 02209SBL6 1012604	45,750.00	43,124.00 86.2480	0.1	500.21	2.8	1,225
95,000.000 6/30/25	ALTRIA GROUP INC 3.875% 9/16/46 CUSIP: 02209SAV5 1012604	101,900.80	70,261.05 73.9590	0.2	1,073.70	5.2	3,681
74,000.000 6/30/25	AT&T INC 5.650% 2/15/47 CUSIP: 00206RCU4 1012604	75,178.92	73,621.86 99.4890	0.2	1,579.49	5.7	4,181
200,000.000 6/30/25	CHURCH & DWIGHT 5.000% 6/15/52 CUSIP: 17136MAB8 1012604	187,888.50	180,012.00 90.0060	0.4	444.44	5.6	10,000
100,000.000 6/30/25	COMCAST CORP 4.700% 10/15/48 CUSIP: 20030NCM1 1012604	99,918.00	85,843.00 85.8430	0.2	992.22	5.5	4,700
0.010 8/24/22	COUNTRYWIDE HOME 5.37876% 11/25/35 CUSIP: 126694RR1 1012604	0.00	0.00 8.5420	0.0	0.00	0.0	0
90,000.000 6/30/25	CVS HEALTH CORP 5.050% 3/25/48 CUSIP: 126650CZ1 1012604	89,487.00	77,710.50 86.3450	0.2	1,212.00	5.8	4,545
100,000.000 6/30/25	EBAY INC 2.700% 3/11/30 CUSIP: 278642AW3 1012604	101,557.00	92,653.00 92.6530	0.2	825.00	2.9	2,700
35,000.000 6/30/25	ECOLAB INC 3.700% 11/01/46 CUSIP: 278865AW0 1012604	26,823.65	26,408.90 75.4540	0.1	215.83	4.9	1,295
150,000.000 6/30/25	GATX CORP 3.100% 6/01/51 CUSIP: 361448BH5 1012604	94,867.50	93,102.00 62.0680	0.2	387.50	5.0	4,650

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
150,000.000 6/30/25	HOME DEPOT INC 5.400% 6/25/64 CUSIP: 437076D64 1012604	150,629.27	144,012.00 96.0080	0.3	135.00	5.6	8,100
250,000.000 6/30/25	JPMORGAN CHASE & CO 4.850% 2/01/44 CUSIP: 46625HJU5 1012604	239,187.50	232,470.00 92.9880	0.5	5,052.08	5.2	12,125
325,000.000 6/30/25	KINDER MORGAN 3.600% 2/15/51 CUSIP: 49456BAT8 1012604	226,525.00	223,860.00 68.8800	0.5	4,420.00	5.2	11,700
100,000.000 6/30/25	MOODY'S CORPORATION 4.875% 12/17/48 CUSIP: 615369AQ8 1012604	137,623.00	89,171.00 89.1710	0.2	189.58	5.5	4,875
15,000.000 6/30/25	NORTHROP GRUMMAN 4.030% 10/15/47 CUSIP: 666807BP6 1012604	14,976.60	11,960.10 79.7340	0.0	127.62	5.1	604
100,000.000 6/30/25	ORACLE CORP 3.850% 7/15/36 CUSIP: 68389XBH7 1012604	81,466.00	88,049.00 88.0490	0.2	1,775.28	4.4	3,850
90,000.000 6/30/25	ORACLE CORP 4.000% 11/15/47 CUSIP: 68389XBQ7 1012604	87,771.82	68,886.00 76.5400	0.2	460.00	5.2	3,600
100,000.000 6/30/25	STARBUCKS CORP 4.450% 8/15/49 CUSIP: 855244AU3 1012604	117,260.00	81,778.00 81.7780	0.2	1,681.11	5.4	4,450
50,000.000 6/30/25	WILLIAMS COS INC 7.500% 1/15/31 CUSIP: 969457BB5 1012604	69,338.00	56,572.00 113.1440	0.1	1,729.17	6.6	3,750
25,000.000 6/30/25	XCEL ENERGY INC 4.800% 9/15/41 CUSIP: 98389BAN0 1012604	22,054.00	21,595.75 86.3830	0.0	353.33	5.6	1,200
TOTAL CORPORATE & FOREIGN BONDS		1,970,202.56	1,761,090.16	4.1	23,153.56	5.2	91,231

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
MUNICIPAL OBLIGATIONS							
5,000,000 6/30/25	BABYLON NY 3.000% 6/01/34 CUSIP: 05620PJ0 1012604	5,143.70	4,762.85 95.2570	0.0	12.50	3.1	150
200,000,000 6/30/25	BEXAR CNTY TX 2.156% 6/15/40 CUSIP: 088281Q86 1012604	188,350.00	138,214.00 69.1070	0.3	191.64	3.1	4,312
50,000,000 6/30/25	DERRY TWP PA MUNI 2.390% 12/15/33 CUSIP: 250063RW6 1012604	49,944.50	42,601.50 85.2030	0.1	53.11	2.8	1,195
275,000,000 6/30/25	E HAMPTON NY TOWN 2.500% 5/01/38 CUSIP: 272749CM2 1012604	271,348.00	196,369.25 71.4070	0.5	1,145.83	3.5	6,875
150,000,000 6/30/25	GOOSE CREEK TX CONS 2.515% 2/15/38 CUSIP: 3826042E5 1012604	152,292.00	114,531.00 76.3540	0.3	1,425.17	3.3	3,772
250,000,000 6/30/25	INTERBORO PA SCH 2.852% 2/15/37 CUSIP: 458436XG2 1012604	250,000.00	203,415.00 81.3660	0.5	2,693.56	3.5	7,130
100,000,000 6/30/25	IOWA ST FIN AUTH 5.272% 8/01/30 CUSIP: 46246KK35 1012604	125,308.00	101,491.00 101.4910	0.2	2,196.67	5.2	5,272
215,000,000 6/30/25	MASSACHUSETTS ST 5.989% 12/01/44 CUSIP: 57587GT47 1012604	215,107.50	216,328.70 100.6180	0.5	1,073.03	5.9	12,876
100,000,000 6/30/25	MIDDLETOWN OH CITY 3.552% 12/01/48 CUSIP: 597137JU3 1012604	105,803.00	73,543.00 73.5430	0.2	296.00	4.8	3,552
100,000,000 6/30/25	NEW YORK ST 2.050% 3/15/32 CUSIP: 649791RH5 1012604	100,000.00	86,830.00 86.8300	0.2	603.61	2.4	2,050

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EMPLOYER ID #16-6126150; PLAN #001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2025

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
300,000.000 6/30/25	NEW YORK ST 2.700% 2/15/31 CUSIP: 649791PW4 1012604	309,426.00	277,842.00 92.6140	0.6	3,060.00	2.9	8,100
25,000.000 6/30/25	NEW YORK ST DORM AUT 5.427% 3/15/39 CUSIP: 64990FMV3 1012604	29,152.25	25,307.50 101.2300	0.1	399.49	5.4	1,356
45,000.000 6/30/25	NEW YORK ST ETM 3.350% 3/15/26 CUSIP: 650036EN2 1012604	42,904.80	44,685.00 99.3000	0.1	443.88	3.4	1,507
10,000.000 6/30/25	NEW YORK ST URBAN 3.150% 3/15/27 CUSIP: 650035E2 1012604	10,877.50	9,874.50 98.7450	0.0	92.75	3.2	315
40,000.000 6/30/25	NEW YORK ST URBAN 3.270% 3/15/28 CUSIP: 650035X2 1012604	43,726.40	39,338.40 98.3460	0.1	385.13	3.3	1,308
35,000.000 6/30/25	NEW YORK ST URBAN 3.350% 3/15/26 CUSIP: 650036EP7 1012604	33,243.35	34,778.80 99.3680	0.1	345.24	3.4	1,172
10,000.000 6/30/25	NEW YORK ST URBAN 3.370% 3/15/30 CUSIP: 650035S27 1012604	10,949.90	9,600.10 96.0010	0.0	99.23	3.5	337
100,000.000 6/30/25	NEW YORK ST URBAN D 2.277% 3/15/34 CUSIP: 650036BC9 1012604	101,980.00	84,060.00 84.0600	0.2	670.45	2.7	2,277
30,000.000 6/30/25	NEW YORK STATE 2.800% 2/15/32 CUSIP: 649791PX2 1012604	30,114.90	27,394.20 91.3140	0.1	317.33	3.1	840
280,000.000 6/30/25	OKLAHOMA ST WTR RES 2.425% 10/01/40 CUSIP: 67920QXR4 1012604	273,915.60	207,471.60 74.0970	0.5	1,697.50	3.3	6,790
200,000.000 6/30/25	SHALER PA AREA SCH 2.550% 9/01/32 CUSIP: 819215UD4 1012604	200,000.00	174,598.00 87.2990	0.4	1,700.00	2.9	5,100

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
100,000.000 6/30/25	VIRGINIA HSG DEV 5.903% 10/01/54 CUSIP: 92812XDE9 1012604	101,133.00	98,767.00 98.7670	0.2	1,475.75	6.0	5,903
200,000.000 6/30/25	VIRGINIA ST HSG DEV 5.830% 7/01/38 CUSIP: 92812UZ84 1012604	200,000.00	202,894.00 101.4470	0.5	5,830.00	5.8	11,660
175,000.000 6/30/25	W MIFFLIN PA SAN 2.451% 8/01/31 CUSIP: 954507FM6 1012604	175,000.00	155,898.75 89.0850	0.4	1,787.19	2.8	4,289
65,000.000 6/30/25	WASHINGTON CNTY NE 1.901% 12/15/32 CUSIP: 938119DX9 1012604	64,795.25	54,098.85 83.2290	0.1	54.92	2.3	1,235
TOTAL MUNICIPAL OBLIGATIONS		3,090,515.65	2,624,695.00	6.1	28,049.98	3.8	99,376
INTL FIXED INCOME MUTUAL FUNDS							
157,919.276 6/30/25	MANNING & NAPIER H/Y BND-Z CUSIP: 56382R241 130609-000	1,640,611.07	1,531,816.98 9.7000	3.6	0.00	7.9	121,282
TOTAL INTL FIXED INCOME MUTUAL FUNDS		1,640,611.07	1,531,816.98	3.6	0.00	7.9	121,282
TAXABLE FIXED INCOME FUNDS							
347,963.424 6/30/25	PIMCO INCOME FUND INS CUSIP: 72201F490 130609-000	4,076,499.41	3,747,566.08 10.7700	8.7	0.00	6.1	229,655
TOTAL TAXABLE FIXED INCOME FUNDS		4,076,499.41	3,747,566.08	8.7	0.00	6.1	229,655

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CLOSED-END FIXED INCOME FUNDS							
800.000 6/30/25	JANUS HENDERSON AAA CLO ETF CUSIP: 47103U845 1012604	40,426.42	40,600.00 50.7500	0.1	0.00	5.9	2,408
TOTAL CLOSED-END FIXED INCOME FUNDS		40,426.42	40,600.00	0.1	0.00	5.9	2,408
TOTAL FIXED INCOME		12,794,740.11	11,498,654.76	26.8	65,941.08	5.3	605,340
EQUITIES							
DOMESTIC EQUITY MUTUAL FUNDS							
17,451.023 6/30/25	COHEN & STEERS INST REALTY SHS CUSIP: 19247U106 130609-000	787,777.63	859,811.90 49.2700	2.0	0.00	2.1	18,149
72,505.798 6/30/25	FDLTY SM CAP GRWTH K6 CUSIP: 316389329 130609-000	1,303,038.40	1,280,452.39 17.6600	3.0	0.00	1.6	20,229
413,920.580 6/30/25	INVESCO STEELPATH MLP INCOME FUND CUSIP: 00143K327 130609-000	2,125,345.42	2,707,040.59 6.5400	6.3	0.00	6.9	187,092
74,657.918 6/30/25	JPMORGAN LARGE CAP GROW-R6 CUSIP: 48121L841 130609-000	3,999,108.82	6,664,712.34 89.2700	15.5	0.00	0.2	12,990
TOTAL DOMESTIC EQUITY MUTUAL FUNDS		8,215,270.27	11,512,017.22	26.8	0.00	2.1	238,460
GLOBAL FUNDS							
32,343.068 6/30/25	RAINIER INTL DSCVR-Y CUSIP: 56382R662 130609-000	693,631.81	925,011.74 28.6000	2.2	0.00	0.2	1,639
TOTAL GLOBAL FUNDS		693,631.81	925,011.74	2.2	0.00	0.2	1,639

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
INTERNATIONAL FUNDS							
72,422.968 6/30/25	MFS INTERN DIVERSIFICATION-I CUSIP: 55273G298 130609-000	1,527,522.33	1,944,556.69 26.8500	4.5	0.00	1.1	21,799
TOTAL INTERNATIONAL FUNDS		1,527,522.33	1,944,556.69	4.5	0.00	1.1	21,799
TOTAL EQUITIES		10,436,424.41	14,381,585.65	33.5	0.00	1.8	261,899
OTHER ASSETS							
COMMON AND COLLECTIVE FUNDS							
11,424.333 6/30/25	BLACKROCK MID CAP EQTY INDX FD CL R CUSIP: 97182P357 130609-000	2,206,364.10	3,708,113.43 324.5803	8.6	0.00	0.0	0
8,078.511 6/30/25	BLACKROCK RUSS 2000 INDEX-R CUSIP: 97182P340 130609-000	1,488,100.46	2,129,215.18 263.5653	5.0	0.00	0.0	0
252,794.039 6/30/25	FLEXPATH LARGE CAP VALUE-R1 CUSIP: 97183K357 130609-000	4,750,000.00	5,839,542.30 23.1000	13.6	0.00	0.0	0
TOTAL COMMON AND COLLECTIVE FUNDS		8,444,464.56	11,676,870.91	27.2	0.00	0.0	0
TOTAL OTHER ASSETS		8,444,464.56	11,676,870.91	27.2	0.00	0.0	0
TOTAL INVESTMENT PORTFOLIO		36,999,867.39	42,881,349.63	100.0	82,553.54	2.5	1,084,894
ENDING ACCRUAL FOR PERIOD			82,553.54				
TOTAL VALUE			42,963,903.17				

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EMPLOYER ID #16-6126150; PLAN #001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2025

Investment	Asset Class	Shares/Units	Price	Balance
* GDA DZ (557455-E1) *	Fixed Inc	428,202.2035	\$1.00	\$428,202.20
			Totals	\$428,202.20

* transaction with party in interest

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BEGINNING MARKET VALUE	38,204,667.45					
COMPARATIVE VALUE (5%)	1,910,233.37					

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
1012604	07/01/24 B	5,945	1.000	0	5,945-	5,945	
1012604	07/08/24 B	1,054	1.000	0	1,054-	1,054	
1012604	07/12/24 B	152,132	1.000	0	152,132-	152,132	
1012604	07/15/24 B	4,504	1.000	0	4,504-	4,504	
1012604	07/16/24 B	18	1.000	0	18-	18	
1012604	07/25/24 B	1,450	1.000	0	1,450-	1,450	
1012604	07/29/24 B	271,375	1.000	0	271,375-	271,375	
1012604	08/01/24 B	10,968	1.000	0	10,968-	10,968	
1012604	08/05/24 B	613	1.000	0	613-	613	
1012604	08/07/24 B	211	1.000	0	211-	211	
1012604	08/15/24 B	26,257	1.000	0	26,257-	26,257	
1012604	08/15/24 B	1,213	1.000	0	1,213-	1,213	
1012604	08/26/24 B	1,091	1.000	0	1,091-	1,091	
1012604	09/03/24 B	2,881	1.000	0	2,881-	2,881	
1012604	09/04/24 B	1,925	1.000	0	1,925-	1,925	
1012604	09/09/24 B	1,186	1.000	0	1,186-	1,186	
1012604	09/11/24 B	1,350	1.000	0	1,350-	1,350	
1012604	09/16/24 B	9,098	1.000	0	9,098-	9,098	
1012604	09/25/24 B	8,622	1.000	0	8,622-	8,622	
1012604	09/30/24 B	2,788	1.000	0	2,788-	2,788	
1012604	10/01/24 B	3,806	1.000	0	3,806-	3,806	
1012604	10/04/24 B	4,245	1.000	0	4,245-	4,245	
1012604	10/07/24 B	218	1.000	0	218-	218	

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	10/25/24 B	1,106	1.000	0	1,106-	1,106	
1012604	11/01/24 B	4,359	1.000	0	4,359-	4,359	
1012604	11/07/24 B	203	1.000	0	203-	203	
1012604	11/07/24 B	42	1.000	0	42-	42	
1012604	11/15/24 B	10,192	1.000	0	10,192-	10,192	
1012604	11/19/24 B	42	1.000	0	42-	42	
1012604	11/25/24 B	1,247	1.000	0	1,247-	1,247	
1012604	12/02/24 B	6,030	1.000	0	6,030-	6,030	
1012604	12/06/24 B	225	1.000	0	225-	225	
1012604	12/16/24 B	8,974	1.000	0	8,974-	8,974	
1012604	12/17/24 B	2,438	1.000	0	2,438-	2,438	
1012604	12/26/24 B	5,415	1.000	0	5,415-	5,415	
1012604	01/02/25 B	5,936	1.000	0	5,936-	5,936	
1012604	01/15/25 B	4,877	1.000	0	4,877-	4,877	
1012604	01/27/25 B	1,360	1.000	0	1,360-	1,360	
1012604	02/03/25 B	10,977	1.000	0	10,977-	10,977	
1012604	02/04/25 B	613	1.000	0	613-	613	
1012604	02/07/25 B	165	1.000	0	165-	165	
1012604	02/18/25 B	25,314	1.000	0	25,314-	25,314	
1012604	02/18/25 B	1,218	1.000	0	1,218-	1,218	
1012604	02/25/25 B	1,132	1.000	0	1,132-	1,132	
1012604	03/03/25 B	2,749	1.000	0	2,749-	2,749	
1012604	03/04/25 B	1,925	1.000	0	1,925-	1,925	
1012604	03/07/25 B	1,138	1.000	0	1,138-	1,138	
1012604	03/11/25 B	1,350	1.000	0	1,350-	1,350	
1012604	03/17/25 B	8,461	1.000	0	8,461-	8,461	
1012604	03/25/25 B	8,178	1.000	0	8,178-	8,178	

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	03/31/25 B	2,788	1.000	0	2,788-	2,788	
1012604	04/01/25 B	6,900	1.000	0	6,900-	6,900	
1012604	04/04/25 B	4,245	1.000	0	4,245-	4,245	
1012604	04/07/25 B	191	1.000	0	191-	191	
1012604	04/15/25 B	4,879	1.000	0	4,879-	4,879	
1012604	04/25/25 B	1,664	1.000	0	1,664-	1,664	
1012604	05/01/25 B	4,490	1.000	0	4,490-	4,490	
1012604	05/07/25 B	196	1.000	0	196-	196	
1012604	05/15/25 B	5,958	1.000	0	5,958-	5,958	
1012604	05/27/25 B	1,059	1.000	0	1,059-	1,059	
1012604	06/02/25 B	12,280	1.000	0	12,280-	12,280	
1012604	06/06/25 B	176	1.000	0	176-	176	
1012604	06/16/25 B	9,331	1.000	0	9,331-	9,331	
1012604	06/17/25 B	2,438	1.000	0	2,438-	2,438	
1012604	06/25/25 B	5,091	1.000	0	5,091-	5,091	
130609-000	07/01/24 B	15,599	1.000	0	15,599-	15,599	
130609-000	07/05/24 B	1,521	1.000	0	1,521-	1,521	
130609-000	07/17/24 B	298,479	1.000	0	298,479-	298,479	
130609-000	07/25/24 B	239,398	1.000	0	239,398-	239,398	
130609-000	08/01/24 B	16,771	1.000	0	16,771-	16,771	
130609-000	08/13/24 B	38	1.000	0	38-	38	
130609-000	08/27/24 B	239,988	1.000	0	239,988-	239,988	
130609-000	09/03/24 B	17,380	1.000	0	17,380-	17,380	
130609-000	09/06/24 B	56	1.000	0	56-	56	
130609-000	09/19/24 B	480,000	1.000	0	480,000-	480,000	
130609-000	09/20/24 B	110,179	1.000	0	110,179-	110,179	
130609-000	09/24/24 B	241,105	1.000	0	241,105-	241,105	

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
130609-000	10/01/24 B	17,432	1.000	0	17,432-	17,432	
130609-000	10/28/24 B	245,870	1.000	0	245,870-	245,870	
130609-000	11/01/24 B	18,415	1.000	0	18,415-	18,415	
130609-000	11/20/24 B	450,000	1.000	0	450,000-	450,000	
130609-000	11/26/24 B	243,460	1.000	0	243,460-	243,460	
130609-000	12/02/24 B	17,827	1.000	0	17,827-	17,827	
130609-000	12/05/24 B	34	1.000	0	34-	34	
130609-000	12/23/24 B	244,069	1.000	0	244,069-	244,069	
130609-000	12/30/24 B	139	1.000	0	139-	139	
130609-000	01/02/25 B	19,003	1.000	0	19,003-	19,003	
130609-000	01/23/25 B	350,000	1.000	0	350,000-	350,000	
130609-000	01/24/25 B	242,103	1.000	0	242,103-	242,103	
130609-000	02/03/25 B	18,728	1.000	0	18,728-	18,728	
130609-000	02/13/25 B	1,142	1.000	0	1,142-	1,142	
130609-000	03/03/25 B	17,376	1.000	0	17,376-	17,376	
130609-000	03/21/25 B	375,000	1.000	0	375,000-	375,000	
130609-000	04/01/25 B	18,470	1.000	0	18,470-	18,470	
130609-000	05/01/25 B	16,924	1.000	0	16,924-	16,924	
130609-000	06/02/25 B	16,624	1.000	0	16,624-	16,624	
130609-000	06/20/25 B	620,000	1.000	0	620,000-	620,000	
SUB-TOTAL OF BUYS # 97				0	5,283,432	5,283,432	
1012604	07/02/24 S	1,323	1.000	0	1,323	1,323	0
1012604	07/12/24 S	151,012	1.000	0	151,012	151,012	0
1012604	07/29/24 S	245,183	1.000	0	245,183	245,183	0
1012604	08/05/24 S	7,928	1.000	0	7,928	7,928	0
1012604	10/02/24 S	1,448	1.000	0	1,448	1,448	0
1012604	10/15/24 S	96,463	1.000	0	96,463	96,463	0

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	10/30/24 S	27,468	1.000	0	27,468	27,468	0
1012604	12/30/24 S	9,331	1.000	0	9,331	9,331	0
1012604	01/03/25 S	1,330	1.000	0	1,330	1,330	0
1012604	04/02/25 S	1,254	1.000	0	1,254	1,254	0
130609-000	07/01/24 S	237,060	1.000	0	237,060	237,060	0
130609-000	07/02/24 S	4,644	1.000	0	4,644	4,644	0
130609-000	08/01/24 S	238,871	1.000	0	238,871	238,871	0
130609-000	08/07/24 S	4,280	1.000	0	4,280	4,280	0
130609-000	09/03/24 S	239,930	1.000	0	239,930	239,930	0
130609-000	09/11/24 S	56	1.000	0	56	56	0
130609-000	10/01/24 S	241,049	1.000	0	241,049	241,049	0
130609-000	10/02/24 S	5,031	1.000	0	5,031	5,031	0
130609-000	10/02/24 S	2,410	1.000	0	2,410	2,410	0
130609-000	11/01/24 S	243,460	1.000	0	243,460	243,460	0
130609-000	12/02/24 S	241,470	1.000	0	241,470	241,470	0
130609-000	01/02/25 S	244,069	1.000	0	244,069	244,069	0
130609-000	01/03/25 S	5,023	1.000	0	5,023	5,023	0
130609-000	02/03/25 S	242,103	1.000	0	242,103	242,103	0
130609-000	02/05/25 S	1,385	1.000	0	1,385	1,385	0
130609-000	03/03/25 S	244,614	1.000	0	244,614	244,614	0
130609-000	03/24/25 S	375,000	1.000	0	375,000	375,000	0
130609-000	04/01/25 S	244,614	1.000	0	244,614	244,614	0
130609-000	04/02/25 S	4,990	1.000	0	4,990	4,990	0
130609-000	05/01/25 S	244,704	1.000	0	244,704	244,704	0
130609-000	05/07/25 S	464	1.000	0	464	464	0
130609-000	06/02/25 S	245,108	1.000	0	245,108	245,108	0
		SUB-TOTAL OF SALES # 32		0	3,853,075	3,853,075	0

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
SUB-TOTAL			0	9,136,507	9,136,507	0
GRAND TOTAL			0	9,136,507	9,136,507	0

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

See accompanying independent auditor's report.

**I.B.E.W. LOCAL UNION #106
PENSION PLAN**

**EMPLOYER ID #16-6126150; PLAN #001
FORM 5500, SCHEDULE H, PART IV, ITEM 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025**

Page 32

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

Category 3 - Series of transactions in same security exceeding 5% of plan assets

Empower Annuity Insurance Company	GDA	\$	375,000	\$	1,866,702	N/A	--	\$	2,241,702	\$	2,241,702	--
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N/A - Not Applicable

See accompanying independent auditor's report.

Plan Name: I.B.E.W. LOCAL No. 106 PENSION PLAN

EIN: 16-6126150

Plan Number: 001

Schedule MB, Line 8b - 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	1	n/a	10	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	11	n/a	5	n/a	0	n/a	0	n/a
30 to 34	0	n/a	9	n/a	7	n/a	5	n/a	0	n/a
35 to 39	0	n/a	2	n/a	7	n/a	10	n/a	5	n/a
40 to 44	0	n/a	4	n/a	2	n/a	5	n/a	8	n/a
45 to 49	0	n/a	1	n/a	1	n/a	3	n/a	4	n/a
50 to 54	0	n/a	1	n/a	1	n/a	3	n/a	3	n/a
55 to 59	0	n/a	1	n/a	0	n/a	0	n/a	2	n/a
60 to 64	0	n/a	0	n/a	0	n/a	2	n/a	1	n/a
65 to 69	0	n/a	0	n/a	0	n/a	0	n/a	0	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	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a
45 to 49	4	n/a	1	n/a	0	n/a	0	n/a	0	n/a
50 to 54	3	n/a	2	n/a	2	n/a	0	n/a	0	n/a
55 to 59	8	n/a	1	n/a	5	n/a	2	n/a	0	n/a
60 to 64	7	n/a	1	n/a	1	n/a	0	n/a	0	n/a
65 to 69	0	n/a	0	n/a	0	n/a	0	n/a	0	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.

I.B.E.W. LOCAL No. 106 PENSION PLAN

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

1. Data

- | | |
|------------------------------|---|
| a. Valuation Date | July 1, 2024 |
| b. Employee Data | Employee data was supplied by the Plan Administrator |
| c. Asset Data | Asset data was supplied by Buffamante Whipple Buttafaro, PC |
| d. Contribution Rate | \$ 9.15 per hour paid after 1/1/2024 |
| e. Future Hours to be Worked | 1,600 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 & Accumulated Benefits | 7.00% per year, net of investment expenses |
|-----------------------------------|--|

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 Account-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors |
|------------------------|--|

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

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

- | | |
|------------------------|------------------------------|
| ii. Member Termination | <u>Age</u> |
| | 25 2.5% |
| | 35 2.5% |
| | 45 4.5% |
| | 55 1.0% |
| | 60 1.0% |

Rationale for Termination Rates: Based on study of plan experience from 2017-2021

I.B.E.W. LOCAL No. 106 PENSION PLAN

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

iii. Retirement

Active Participants	2.5% per year from ages 55 and 56, 5% at ages 57 and 58, 25% at ages 59 and 60, 40% at age 61, 60% at age 62, 30% at ages 63 and 64, and 100% per year thereafter
Terminated Vested	Participants later of attained age or the earliest unreduced benefit age

Rationale for Retirement Rate: Based on study of plan experience from 2012-2019, and reviewed annually for consistency with most recent 5 years' experience.

iv. Disability	Age 25	.09%
	Age 40	.22%
	Age 55	1.01%

Rationale for Disability Rates: Based on national industry studies and reviewed for consistency with plan experience.

c. Reciprocity Reserves	None
d. Expenses	Prior year expenses, rounded up to the nearest \$10,000. (\$180,000 for 2024)
e. Marriage Rate	
i. Participants not receiving benefits	85% of the participants will have a surviving spouse. Females are three years younger than males
ii. Participants receiving benefits	If actual data is unavailable, females are three years younger than males

Rationale for Marriage Rates: Based on national averages and reviewed for consistency with plan experience

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

I.B.E.W. LOCAL No. 106 PENSION PLAN

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

g. Modeling Assumption

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness

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

3.69% per year, net of investment expenses

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.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BEGINNING MARKET VALUE	38,204,667.45					
COMPARATIVE VALUE (5%)	1,910,233.37					

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
-----------------------	-----------------------	---------------	---------------------	----------------------	---------------------	-------------------------

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST						
1012604	07/01/24 B	5,945	1.000	0	5,945-	5,945	
1012604	07/08/24 B	1,054	1.000	0	1,054-	1,054	
1012604	07/12/24 B	152,132	1.000	0	152,132-	152,132	
1012604	07/15/24 B	4,504	1.000	0	4,504-	4,504	
1012604	07/16/24 B	18	1.000	0	18-	18	
1012604	07/25/24 B	1,450	1.000	0	1,450-	1,450	
1012604	07/29/24 B	271,375	1.000	0	271,375-	271,375	
1012604	08/01/24 B	10,968	1.000	0	10,968-	10,968	
1012604	08/05/24 B	613	1.000	0	613-	613	
1012604	08/07/24 B	211	1.000	0	211-	211	
1012604	08/15/24 B	26,257	1.000	0	26,257-	26,257	
1012604	08/15/24 B	1,213	1.000	0	1,213-	1,213	
1012604	08/26/24 B	1,091	1.000	0	1,091-	1,091	
1012604	09/03/24 B	2,881	1.000	0	2,881-	2,881	
1012604	09/04/24 B	1,925	1.000	0	1,925-	1,925	
1012604	09/09/24 B	1,186	1.000	0	1,186-	1,186	
1012604	09/11/24 B	1,350	1.000	0	1,350-	1,350	
1012604	09/16/24 B	9,098	1.000	0	9,098-	9,098	
1012604	09/25/24 B	8,622	1.000	0	8,622-	8,622	
1012604	09/30/24 B	2,788	1.000	0	2,788-	2,788	
1012604	10/01/24 B	3,806	1.000	0	3,806-	3,806	
1012604	10/04/24 B	4,245	1.000	0	4,245-	4,245	
1012604	10/07/24 B	218	1.000	0	218-	218	

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	10/25/24 B	1,106	1.000	0	1,106-	1,106	
1012604	11/01/24 B	4,359	1.000	0	4,359-	4,359	
1012604	11/07/24 B	203	1.000	0	203-	203	
1012604	11/07/24 B	42	1.000	0	42-	42	
1012604	11/15/24 B	10,192	1.000	0	10,192-	10,192	
1012604	11/19/24 B	42	1.000	0	42-	42	
1012604	11/25/24 B	1,247	1.000	0	1,247-	1,247	
1012604	12/02/24 B	6,030	1.000	0	6,030-	6,030	
1012604	12/06/24 B	225	1.000	0	225-	225	
1012604	12/16/24 B	8,974	1.000	0	8,974-	8,974	
1012604	12/17/24 B	2,438	1.000	0	2,438-	2,438	
1012604	12/26/24 B	5,415	1.000	0	5,415-	5,415	
1012604	01/02/25 B	5,936	1.000	0	5,936-	5,936	
1012604	01/15/25 B	4,877	1.000	0	4,877-	4,877	
1012604	01/27/25 B	1,360	1.000	0	1,360-	1,360	
1012604	02/03/25 B	10,977	1.000	0	10,977-	10,977	
1012604	02/04/25 B	613	1.000	0	613-	613	
1012604	02/07/25 B	165	1.000	0	165-	165	
1012604	02/18/25 B	25,314	1.000	0	25,314-	25,314	
1012604	02/18/25 B	1,218	1.000	0	1,218-	1,218	
1012604	02/25/25 B	1,132	1.000	0	1,132-	1,132	
1012604	03/03/25 B	2,749	1.000	0	2,749-	2,749	
1012604	03/04/25 B	1,925	1.000	0	1,925-	1,925	
1012604	03/07/25 B	1,138	1.000	0	1,138-	1,138	
1012604	03/11/25 B	1,350	1.000	0	1,350-	1,350	
1012604	03/17/25 B	8,461	1.000	0	8,461-	8,461	
1012604	03/25/25 B	8,178	1.000	0	8,178-	8,178	

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	03/31/25 B	2,788	1.000	0	2,788-	2,788	
1012604	04/01/25 B	6,900	1.000	0	6,900-	6,900	
1012604	04/04/25 B	4,245	1.000	0	4,245-	4,245	
1012604	04/07/25 B	191	1.000	0	191-	191	
1012604	04/15/25 B	4,879	1.000	0	4,879-	4,879	
1012604	04/25/25 B	1,664	1.000	0	1,664-	1,664	
1012604	05/01/25 B	4,490	1.000	0	4,490-	4,490	
1012604	05/07/25 B	196	1.000	0	196-	196	
1012604	05/15/25 B	5,958	1.000	0	5,958-	5,958	
1012604	05/27/25 B	1,059	1.000	0	1,059-	1,059	
1012604	06/02/25 B	12,280	1.000	0	12,280-	12,280	
1012604	06/06/25 B	176	1.000	0	176-	176	
1012604	06/16/25 B	9,331	1.000	0	9,331-	9,331	
1012604	06/17/25 B	2,438	1.000	0	2,438-	2,438	
1012604	06/25/25 B	5,091	1.000	0	5,091-	5,091	
130609-000	07/01/24 B	15,599	1.000	0	15,599-	15,599	
130609-000	07/05/24 B	1,521	1.000	0	1,521-	1,521	
130609-000	07/17/24 B	298,479	1.000	0	298,479-	298,479	
130609-000	07/25/24 B	239,398	1.000	0	239,398-	239,398	
130609-000	08/01/24 B	16,771	1.000	0	16,771-	16,771	
130609-000	08/13/24 B	38	1.000	0	38-	38	
130609-000	08/27/24 B	239,988	1.000	0	239,988-	239,988	
130609-000	09/03/24 B	17,380	1.000	0	17,380-	17,380	
130609-000	09/06/24 B	56	1.000	0	56-	56	
130609-000	09/19/24 B	480,000	1.000	0	480,000-	480,000	
130609-000	09/20/24 B	110,179	1.000	0	110,179-	110,179	
130609-000	09/24/24 B	241,105	1.000	0	241,105-	241,105	

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
130609-000	10/01/24 B	17,432	1.000	0	17,432-	17,432	
130609-000	10/28/24 B	245,870	1.000	0	245,870-	245,870	
130609-000	11/01/24 B	18,415	1.000	0	18,415-	18,415	
130609-000	11/20/24 B	450,000	1.000	0	450,000-	450,000	
130609-000	11/26/24 B	243,460	1.000	0	243,460-	243,460	
130609-000	12/02/24 B	17,827	1.000	0	17,827-	17,827	
130609-000	12/05/24 B	34	1.000	0	34-	34	
130609-000	12/23/24 B	244,069	1.000	0	244,069-	244,069	
130609-000	12/30/24 B	139	1.000	0	139-	139	
130609-000	01/02/25 B	19,003	1.000	0	19,003-	19,003	
130609-000	01/23/25 B	350,000	1.000	0	350,000-	350,000	
130609-000	01/24/25 B	242,103	1.000	0	242,103-	242,103	
130609-000	02/03/25 B	18,728	1.000	0	18,728-	18,728	
130609-000	02/13/25 B	1,142	1.000	0	1,142-	1,142	
130609-000	03/03/25 B	17,376	1.000	0	17,376-	17,376	
130609-000	03/21/25 B	375,000	1.000	0	375,000-	375,000	
130609-000	04/01/25 B	18,470	1.000	0	18,470-	18,470	
130609-000	05/01/25 B	16,924	1.000	0	16,924-	16,924	
130609-000	06/02/25 B	16,624	1.000	0	16,624-	16,624	
130609-000	06/20/25 B	620,000	1.000	0	620,000-	620,000	
SUB-TOTAL OF BUYS # 97				0	5,283,432	5,283,432	
1012604	07/02/24 S	1,323	1.000	0	1,323	1,323	0
1012604	07/12/24 S	151,012	1.000	0	151,012	151,012	0
1012604	07/29/24 S	245,183	1.000	0	245,183	245,183	0
1012604	08/05/24 S	7,928	1.000	0	7,928	7,928	0
1012604	10/02/24 S	1,448	1.000	0	1,448	1,448	0
1012604	10/15/24 S	96,463	1.000	0	96,463	96,463	0

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1012604	10/30/24 S	27,468	1.000	0	27,468	27,468	0
1012604	12/30/24 S	9,331	1.000	0	9,331	9,331	0
1012604	01/03/25 S	1,330	1.000	0	1,330	1,330	0
1012604	04/02/25 S	1,254	1.000	0	1,254	1,254	0
130609-000	07/01/24 S	237,060	1.000	0	237,060	237,060	0
130609-000	07/02/24 S	4,644	1.000	0	4,644	4,644	0
130609-000	08/01/24 S	238,871	1.000	0	238,871	238,871	0
130609-000	08/07/24 S	4,280	1.000	0	4,280	4,280	0
130609-000	09/03/24 S	239,930	1.000	0	239,930	239,930	0
130609-000	09/11/24 S	56	1.000	0	56	56	0
130609-000	10/01/24 S	241,049	1.000	0	241,049	241,049	0
130609-000	10/02/24 S	5,031	1.000	0	5,031	5,031	0
130609-000	10/02/24 S	2,410	1.000	0	2,410	2,410	0
130609-000	11/01/24 S	243,460	1.000	0	243,460	243,460	0
130609-000	12/02/24 S	241,470	1.000	0	241,470	241,470	0
130609-000	01/02/25 S	244,069	1.000	0	244,069	244,069	0
130609-000	01/03/25 S	5,023	1.000	0	5,023	5,023	0
130609-000	02/03/25 S	242,103	1.000	0	242,103	242,103	0
130609-000	02/05/25 S	1,385	1.000	0	1,385	1,385	0
130609-000	03/03/25 S	244,614	1.000	0	244,614	244,614	0
130609-000	03/24/25 S	375,000	1.000	0	375,000	375,000	0
130609-000	04/01/25 S	244,614	1.000	0	244,614	244,614	0
130609-000	04/02/25 S	4,990	1.000	0	4,990	4,990	0
130609-000	05/01/25 S	244,704	1.000	0	244,704	244,704	0
130609-000	05/07/25 S	464	1.000	0	464	464	0
130609-000	06/02/25 S	245,108	1.000	0	245,108	245,108	0
SUB-TOTAL OF SALES # 32				0	3,853,075	3,853,075	0

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
SUB-TOTAL			0	9,136,507	9,136,507	0
GRAND TOTAL			0	9,136,507	9,136,507	0

See accompanying independent auditor's report.

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

See accompanying independent auditor's report.

I.B.E.W. LOCAL UNION #106

PENSION PLAN

EMPLOYER ID #16-6126150; PLAN #001

FORM 5500, SCHEDULE H, PART IV, ITEM 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

Category 3 - Series of transactions in same security exceeding 5% of plan assets

Empower Annuity Insurance Company	GDA	\$	375,000	\$	1,866,702	N/A	--	\$	2,241,702	\$	2,241,702	\$	--
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N/A - Not Applicable

See accompanying independent auditor's report.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
▶ 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 I.B.E.W. LOCAL NO. 106 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL UNION 106 IBEW		D Employer Identification Number (EIN) 16-6126150
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 07 Day 01 Year 2024		
b Assets		
(1) Current value of assets	1b(1)	40,642,342
(2) Actuarial value of assets for funding standard account.....	1b(2)	40,973,506
c (1) Accrued liability for plan using immediate gain methods	1c(1)	44,021,175
(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)	44,021,175
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)	66,734,211
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,584,815
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,126,056
(3) Expected plan disbursements for the plan year	1d(3)	3,126,056
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	KN	04/02/2026
Signature of actuary		Date
KEITH L. NICHOLS, M.A.A.A.		2604725
Type or print name of actuary		Most recent enrollment number
USI Consulting Group		412-851-5272
Firm name		Telephone number (including area code)
6 PPG Place, Suite 200 Pittsburgh PA 15222 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	40,642,342
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	133	35,589,632
(2) For terminated vested participants	62	8,279,564
(3) For active participants:		
(a) Non-vested benefits		411,299
(b) Vested benefits		22,453,716
(c) Total active	153	22,865,015
(4) Total	348	66,734,211
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.90 %

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
08/31/2024	189,875	0			
09/30/2024	258,235	0			
10/31/2024	200,194	0			
11/30/2024	259,936	0			
12/31/2024	168,943	0			
01/31/2025	203,378	0			
02/28/2025	205,319	0			
03/31/2025	190,123	0			
04/30/2025	230,781	0			
05/31/2025	293,289	0			
06/30/2025	204,647	0			
07/31/2025	209,720	0			
Totals ▶			3(b)	2,614,440	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	93.0 %
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? ☐ Yes ☐ 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)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

- k** Has a change been made in funding method for this plan year? ☐ 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** 3.69 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P21 | 9P21 |
| (2) Females | 6c(2) 9FP21 | 9FP21 |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| e Salary scale | 6e 0.00 % ☐ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 7.00 % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 6.5 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 12.0 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ 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) | 180,000 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	241,718	24,803
3	78,504	8,055

8 Miscellaneous information:

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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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	870,264

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)	9,213,904	1,582,261
(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	171,677
e Total charges. Add lines 9a through 9d	9e	2,624,202

Credits to funding standard account:		
f Prior year credit balance, if any	9f	4,631,224
g Employer contributions. Total from column (b) of line 3	9g	2,614,440

		Outstanding balance	
h Amortization credits as of valuation date	9h	1,535,011	199,006

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	406,707
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	9,501,943	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	20,283,075	
(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	7,851,377
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,227,175
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☐ Yes ☒ No
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I.B.E.W. LOCAL No. 106 PENSION PLAN

O. Summary of Principal Plan Provisions

1. Effective Date July 1, 1976
2. Plan Year Ends June 30
3. Eligibility for Participation Members are eligible to participate on the first day of the month coincident with or immediately following the 435th hour of service for which a contributing employer is required to contribute on the participant's behalf. The initial computation period will be the 12-month period beginning with the employment commencement date and each plan year following.
4. Normal Retirement Age The later of the participant's 65th birthday or the fifth anniversary of participation
5. Normal Retirement Pension

<u>Effective Date</u>	<u>Multiplier</u>
Prior to 7/1/2006	various rates
7/1/2006	\$90.00

For Years of Benefit Service earned after 7/1/2023

7/1/2023	\$100.00
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6. Early Retirement

Normal retirement pension reduced by the following schedule for any participant who has attained age 60 and completed five Years of Benefit Service or age 55 and completed ten Years of Benefit Service

<u>Age at Early Pension</u>	<u>Percent Reduction of Normal Retirement Pension</u>
55	30%
56	24%
57	18%
58	12%
59	6%
60-65	0%
7. Death Benefit

The spouse of a married participant with a vested accrued benefit shall be entitled to a monthly annuity of 50% of the actuarially reduced Joint & 50% Survivor benefit, commencing on the later of the first day of the month following the participant's Early Retirement Date or the date of death



I.B.E.W. LOCAL No. 106 PENSION PLAN

O. Summary of Principal Plan Provisions (continued)

8. Disability Retirement Participants who have attained age 45 and have completed 8 Years of Benefit Service who are determined to be totally and permanently disabled shall be entitled to an immediate life annuity equal to 50% of the participant's accrued benefit until retirement age.
- Disability benefits cease at the time Retirement Benefits commence, re-employment, or the participant is no longer deemed to be disabled
9. 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> |
|-------------------------------------|------------------------------|
| 0-2 | 0% |
| 3 | 30% |
| 4 | 40% |
| 5 or more | 100% |
10. Normal Form of Benefit An annuity payable during the lifetime of the participant
11. Optional Forms of Payment Life Annuity, Joint and 50%, 66.6%, 75%, or 100% Survivor Annuity, Life Annuity with 5 or 10 Years Guaranteed
12. Definitions
- a. Year of Benefit Service Total hours of credited service divided by 1,600, rounded to the nearest 1/10th of a year
- b. Year of Vesting Service One Year of Vesting Service is granted for each plan year in which the member completes 435 hours of service
- c. Break in Service Deemed when a participant fails to accrue at least 435 hours during a Plan Year. A Break in Service of 3 years or more will result in a permanent break in service, which will freeze the pre-break service at the June 30 benefit level in effect immediately prior to when the break commenced

ASSET STATEMENT

	SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS								
MONEY MARKET FUNDS								
*	164,738.450 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 1012604	164,738.45	164,738.45 1.0000	0.4	519.90	4.1	6,734
*	5,159,499.860 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605 130609-000	5,159,499.86	5,159,499.86 1.0000	12.0	16,092.56	4.1	210,920
TOTAL MONEY MARKET FUNDS			5,324,238.31	5,324,238.31	12.4	16,612.46	4.1	217,654
TOTAL CASH & CASH EQUIVALENTS			5,324,238.31	5,324,238.31	12.4	16,612.46	4.1	217,654
FIXED INCOME								
U.S. TREASURY OBLIGATIONS								
	150,000.000 6/30/25	U.S. TREASURY BONDS 2.000% 11/15/41 CUSIP: 912810TC2 1012604	118,388.67	103,159.50 68.7730	0.2	383.15	2.9	3,000
	90,000.000 6/30/25	U.S. TREASURY BONDS 3.625% 2/15/53 CUSIP: 912810TN8 1012604	86,041.41	73,469.70 81.6330	0.2	1,225.69	4.4	3,262
	100,000.000 6/30/25	U.S. TREASURY BONDS 4.000% 11/15/42 CUSIP: 912810TM0 1012604	99,515.63	91,231.00 91.2310	0.2	510.87	4.4	4,000
	125,000.000 6/30/25	U.S. TREASURY BONDS 4.750% 2/15/41 CUSIP: 912810QN1 1012604	124,568.75	126,626.25 101.3010	0.3	2,230.66	4.7	5,937
	72,548.320 6/30/25	U.S. TREASURY TIPS 0.625% 2/15/43 CUSIP: 912810RA8 1012604	47,340.67	53,902.68 74.2990	0.1	167.68	0.8	453

* transaction with party in interest

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
134,885.000 6/30/25	U.S. TREASURY TIPS 1.500% 2/15/53 CUSIP: 912810TP3 1012604	109,096.90	106,773.62 79.1590	0.3	761.49	1.9	2,023
TOTAL U.S. TREASURY OBLIGATIONS		584,952.03	555,162.75	1.3	5,279.54	3.4	18,676
U.S. GOVERNMENT AGENCIES							
190,000.000 6/30/25	FFCB 1.910% 6/01/33 CUSIP: 3133EM4D1 1012604	187,150.00	157,998.30 83.1570	0.4	302.42	2.3	3,629
250,000.000 6/30/25	FFCB 2.230% 9/29/36 CUSIP: 3133EM6L1 1012604	244,197.69	194,047.50 77.6190	0.4	1,424.72	2.9	5,575
150,000.000 6/30/25	FFCB 2.530% 9/25/34 CUSIP: 3133EKT55 1012604	150,150.00	126,580.50 84.3870	0.3	1,012.00	3.0	3,795
125,000.000 6/30/25	FFCB 2.625% 10/15/49 CUSIP: 3133EK2P0 1012604	83,380.00	79,328.75 63.4630	0.2	692.71	4.1	3,281
70,000.000 6/30/25	FFCB 2.750% 3/07/39 CUSIP: 3133ENQR4 1012604	54,119.39	54,908.70 78.4410	0.1	609.58	3.5	1,925
150,000.000 6/30/25	FFCB 5.660% 10/04/38 CUSIP: 3133EPXT7 1012604	149,247.00	151,428.00 100.9520	0.3	2,051.75	5.6	8,490
175,000.000 6/30/25	FHLB 2.200% 3/04/36 CUSIP: 3130ALDT8 1012604	170,790.72	137,070.50 78.3260	0.3	1,251.25	2.8	3,850
200,000.000 6/30/25	FHLB 3.000% 3/25/27 CUSIP: 3130ARDV0 1012604	200,000.00	196,636.00 98.3180	0.5	1,600.00	3.0	6,000

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
15,014.410 6/30/25	FHLMC GD PL #A8976 4.500% 12/01/39 CUSIP: 312936ZZ3 1012604	15,870.69	14,993.99 99.8640	0.0	56.37	4.5	675
49,628.380 6/30/25	FHLMC GD PL #C0904 3.500% 7/01/43 CUSIP: 312925BM1 1012604	51,365.34	46,562.34 93.8220	0.1	144.75	3.7	1,736
1,274.450 6/30/25	FHLMC SER 3100 CMO Z-CPN 1/15/36 CUSIP: 31396H2D0 1012604	936.72	1,063.97 83.4850	0.0	0.00	0.0	0
21,354.280 6/30/25	FNMA PL #AT8912 3.000% 7/01/43 CUSIP: 3138WW3W7 1012604	21,434.39	19,277.79 90.2760	0.0	53.39	3.3	640
274.410 6/30/25	FNMA PL #190302 6.000% 6/01/29 CUSIP: 31368HKP7 1012604	288.72	281.32 102.5180	0.0	1.38	5.8	16
324.230 6/30/25	FNMA PL #545819 6.500% 8/01/32 CUSIP: 31385JK80 1012604	344.00	335.20 103.3830	0.0	1.73	6.3	21
50,680.170 6/30/25	FNMA PL #888209 5.500% 5/01/36 CUSIP: 31410FYE9 1012604	57,157.76	52,304.47 103.2050	0.1	232.30	5.3	2,787
4,390.530 6/30/25	FNMA PL #995196 6.000% 7/01/38 CUSIP: 31416BRR1 1012604	4,785.69	4,602.72 104.8330	0.0	21.95	5.7	263
289.960 6/30/25	GNMA PL #781402 7.500% 2/15/32 CUSIP: 36225BRX8 1012604	314.86	303.74 104.7510	0.0	1.70	7.2	21
TOTAL U.S. GOVERNMENT AGENCIES		1,391,532.97	1,237,723.79	2.9	9,458.00	3.4	42,708

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CORPORATE & FOREIGN BONDS							
50,000.000 6/30/25	ALTRIA GROUP INC CUSIP: 02209SBL6 1012604	45,750.00	43,124.00 86.2480	0.1	500.21	2.8	1,225
95,000.000 6/30/25	ALTRIA GROUP INC CUSIP: 02209SAV5 1012604	101,900.80	70,261.05 73.9590	0.2	1,073.70	5.2	3,681
74,000.000 6/30/25	AT&T INC CUSIP: 00206RCU4 1012604	75,178.92	73,621.86 99.4890	0.2	1,579.49	5.7	4,181
200,000.000 6/30/25	CHURCH & DWIGHT CUSIP: 17136MAB8 1012604	187,888.50	180,012.00 90.0060	0.4	444.44	5.6	10,000
100,000.000 6/30/25	COMCAST CORP CUSIP: 20030NCM1 1012604	99,918.00	85,843.00 85.8430	0.2	992.22	5.5	4,700
0.010 8/24/22	COUNTRYWIDE HOME CUSIP: 126694RR1 1012604	0.00	0.00 8.5420	0.0	0.00	0.0	0
90,000.000 6/30/25	CVS HEALTH CORP CUSIP: 126650CZ1 1012604	89,487.00	77,710.50 86.3450	0.2	1,212.00	5.8	4,545
100,000.000 6/30/25	EBAY INC CUSIP: 278642AW3 1012604	101,557.00	92,653.00 92.6530	0.2	825.00	2.9	2,700
35,000.000 6/30/25	ECOLAB INC CUSIP: 278865AW0 1012604	26,823.65	26,408.90 75.4540	0.1	215.83	4.9	1,295
150,000.000 6/30/25	GATX CORP CUSIP: 361448BH5 1012604	94,867.50	93,102.00 62.0680	0.2	387.50	5.0	4,650

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
150,000.000 6/30/25	HOME DEPOT INC 5.400% 6/25/64 CUSIP: 437076DG4 1012604	150,629.27	144,012.00 96.0080	0.3	135.00	5.6	8,100
250,000.000 6/30/25	JPMORGAN CHASE & CO 4.850% 2/01/44 CUSIP: 46625HJU5 1012604	239,187.50	232,470.00 92.9880	0.5	5,052.08	5.2	12,125
325,000.000 6/30/25	KINDER MORGAN 3.600% 2/15/51 CUSIP: 49456BAT8 1012604	226,525.00	223,860.00 68.8800	0.5	4,420.00	5.2	11,700
100,000.000 6/30/25	MOODY'S CORPORATION 4.875% 12/17/48 CUSIP: 615369AQ8 1012604	137,623.00	89,171.00 89.1710	0.2	189.58	5.5	4,875
15,000.000 6/30/25	NORTHROP GRUMMAN 4.030% 10/15/47 CUSIP: 666807BP6 1012604	14,976.60	11,960.10 79.7340	0.0	127.62	5.1	604
100,000.000 6/30/25	ORACLE CORP 3.850% 7/15/36 CUSIP: 68389XBH7 1012604	81,466.00	88,049.00 88.0490	0.2	1,775.28	4.4	3,850
90,000.000 6/30/25	ORACLE CORP 4.000% 11/15/47 CUSIP: 68389XBQ7 1012604	87,771.82	68,886.00 76.5400	0.2	460.00	5.2	3,600
100,000.000 6/30/25	STARBUCKS CORP 4.450% 8/15/49 CUSIP: 855244AU3 1012604	117,260.00	81,778.00 81.7780	0.2	1,681.11	5.4	4,450
50,000.000 6/30/25	WILLIAMS COS INC 7.500% 1/15/31 CUSIP: 969457BB5 1012604	69,338.00	56,572.00 113.1440	0.1	1,729.17	6.6	3,750
25,000.000 6/30/25	XCEL ENERGY INC 4.800% 9/15/41 CUSIP: 98389BAN0 1012604	22,054.00	21,595.75 86.3830	0.0	353.33	5.6	1,200
TOTAL CORPORATE & FOREIGN BONDS		1,970,202.56	1,761,090.16	4.1	23,153.56	5.2	91,231

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
MUNICIPAL OBLIGATIONS							
5,000.000 6/30/25	BABYLON NY 3.000% 6/01/34 CUSIP: 05620PJK0 1012604	5,143.70	4,762.85 95.2570	0.0	12.50	3.1	150
200,000.000 6/30/25	BEXAR CNTY TX 2.156% 6/15/40 CUSIP: 088281Q86 1012604	188,350.00	138,214.00 69.1070	0.3	191.64	3.1	4,312
50,000.000 6/30/25	DERRY TWP PA MUNI 2.390% 12/15/33 CUSIP: 250063RW6 1012604	49,944.50	42,601.50 85.2030	0.1	53.11	2.8	1,195
275,000.000 6/30/25	E HAMPTON NY TOWN 2.500% 5/01/38 CUSIP: 272749CM2 1012604	271,348.00	196,369.25 71.4070	0.5	1,145.83	3.5	6,875
150,000.000 6/30/25	GOOSE CREEK TX CONS 2.515% 2/15/38 CUSIP: 3826042E5 1012604	152,292.00	114,531.00 76.3540	0.3	1,425.17	3.3	3,772
250,000.000 6/30/25	INTERBORO PA SCH 2.852% 2/15/37 CUSIP: 458436XG2 1012604	250,000.00	203,415.00 81.3660	0.5	2,693.56	3.5	7,130
100,000.000 6/30/25	IOWA ST FIN AUTH 5.272% 8/01/30 CUSIP: 46246KK35 1012604	125,308.00	101,491.00 101.4910	0.2	2,196.67	5.2	5,272
215,000.000 6/30/25	MASSACHUSETTS ST 5.989% 12/01/44 CUSIP: 57587GT47 1012604	215,107.50	216,328.70 100.6180	0.5	1,073.03	5.9	12,876
100,000.000 6/30/25	MIDDLETOWN OH CITY 3.552% 12/01/48 CUSIP: 597137JU3 1012604	105,803.00	73,543.00 73.5430	0.2	296.00	4.8	3,552
100,000.000 6/30/25	NEW YORK ST 2.050% 3/15/32 CUSIP: 649791RH5 1012604	100,000.00	86,830.00 86.8300	0.2	603.61	2.4	2,050

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
300,000.000 6/30/25	NEW YORK ST 2.700% 2/15/31 CUSIP: 649791PW4 1012604	309,426.00	277,842.00 92.6140	0.6	3,060.00	2.9	8,100
25,000.000 6/30/25	NEW YORK ST DORM AUT 5.427% 3/15/39 CUSIP: 64990FMV3 1012604	29,152.25	25,307.50 101.2300	0.1	399.49	5.4	1,356
45,000.000 6/30/25	NEW YORK ST ETM 3.350% 3/15/26 CUSIP: 650036EN2 1012604	42,904.80	44,685.00 99.3000	0.1	443.88	3.4	1,507
10,000.000 6/30/25	NEW YORK ST URBAN 3.150% 3/15/27 CUSIP: 6500357E2 1012604	10,877.50	9,874.50 98.7450	0.0	92.75	3.2	315
40,000.000 6/30/25	NEW YORK ST URBAN 3.270% 3/15/28 CUSIP: 6500355X2 1012604	43,726.40	39,338.40 98.3460	0.1	385.13	3.3	1,308
35,000.000 6/30/25	NEW YORK ST URBAN 3.350% 3/15/26 CUSIP: 650036EP7 1012604	33,243.35	34,778.80 99.3680	0.1	345.24	3.4	1,172
10,000.000 6/30/25	NEW YORK ST URBAN 3.370% 3/15/30 CUSIP: 6500355Z7 1012604	10,949.90	9,600.10 96.0010	0.0	99.23	3.5	337
100,000.000 6/30/25	NEW YORK ST URBAN D 2.277% 3/15/34 CUSIP: 650036BC9 1012604	101,980.00	84,060.00 84.0600	0.2	670.45	2.7	2,277
30,000.000 6/30/25	NEW YORK STATE 2.800% 2/15/32 CUSIP: 649791PX2 1012604	30,114.90	27,394.20 91.3140	0.1	317.33	3.1	840
280,000.000 6/30/25	OKLAHOMA ST WTR RES 2.425% 10/01/40 CUSIP: 67920QXR4 1012604	273,915.60	207,471.60 74.0970	0.5	1,697.50	3.3	6,790
200,000.000 6/30/25	SHALER PA AREA SCH 2.550% 9/01/32 CUSIP: 819215UD4 1012604	200,000.00	174,598.00 87.2990	0.4	1,700.00	2.9	5,100

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
100,000.000 6/30/25	VIRGINIA HSG DEV 5.903% 10/01/54 CUSIP: 92812XDE9 1012604	101,133.00	98,767.00 98.7670	0.2	1,475.75	6.0	5,903
200,000.000 6/30/25	VIRGINIA ST HSG DEV 5.830% 7/01/38 CUSIP: 92812UZ84 1012604	200,000.00	202,894.00 101.4470	0.5	5,830.00	5.8	11,660
175,000.000 6/30/25	W MIFFLIN PA SAN 2.451% 8/01/31 CUSIP: 954507FM6 1012604	175,000.00	155,898.75 89.0850	0.4	1,787.19	2.8	4,289
65,000.000 6/30/25	WASHINGTON CNTY NE 1.901% 12/15/32 CUSIP: 938119DX9 1012604	64,795.25	54,098.85 83.2290	0.1	54.92	2.3	1,235
TOTAL MUNICIPAL OBLIGATIONS		3,090,515.65	2,624,695.00	6.1	28,049.98	3.8	99,376
INTL FIXED INCOME MUTUAL FUNDS							
157,919.276 6/30/25	MANNING & NAPIER H/Y BND-Z CUSIP: 56382R241 130609-000	1,640,611.07	1,531,816.98 9.7000	3.6	0.00	7.9	121,282
TOTAL INTL FIXED INCOME MUTUAL FUNDS		1,640,611.07	1,531,816.98	3.6	0.00	7.9	121,282
TAXABLE FIXED INCOME FUNDS							
347,963.424 6/30/25	PIMCO INCOME FUND INS CUSIP: 72201F490 130609-000	4,076,499.41	3,747,566.08 10.7700	8.7	0.00	6.1	229,655
TOTAL TAXABLE FIXED INCOME FUNDS		4,076,499.41	3,747,566.08	8.7	0.00	6.1	229,655

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CLOSED-END FIXED INCOME FUNDS							
800.000 6/30/25	JANUS HENDERSON AAA CLO ETF CUSIP: 47103U845 1012604	40,426.42	40,600.00 50.7500	0.1	0.00	5.9	2,408
TOTAL CLOSED-END FIXED INCOME FUNDS		40,426.42	40,600.00	0.1	0.00	5.9	2,408
TOTAL FIXED INCOME		12,794,740.11	11,498,654.76	26.8	65,941.08	5.3	605,340
EQUITIES							
DOMESTIC EQUITY MUTUAL FUNDS							
17,451.023 6/30/25	COHEN & STEERS INST REALTY SHS CUSIP: 19247U106 130609-000	787,777.63	859,811.90 49.2700	2.0	0.00	2.1	18,149
72,505.798 6/30/25	FDLT Y SM CAP GRWTH K6 CUSIP: 316389329 130609-000	1,303,038.40	1,280,452.39 17.6600	3.0	0.00	1.6	20,229
413,920.580 6/30/25	INVESCO STEELPATH MLP INCOME FUND CUSIP: 00143K327 130609-000	2,125,345.42	2,707,040.59 6.5400	6.3	0.00	6.9	187,092
74,657.918 6/30/25	JPMORGAN LARGE CAP GROW-R6 CUSIP: 48121L841 130609-000	3,999,108.82	6,664,712.34 89.2700	15.5	0.00	0.2	12,990
TOTAL DOMESTIC EQUITY MUTUAL FUNDS		8,215,270.27	11,512,017.22	26.8	0.00	2.1	238,460
GLOBAL FUNDS							
32,343.068 6/30/25	RAINIER INTL DSCVRY-Z CUSIP: 56382R662 130609-000	693,631.81	925,011.74 28.6000	2.2	0.00	0.2	1,639
TOTAL GLOBAL FUNDS		693,631.81	925,011.74	2.2	0.00	0.2	1,639

See accompanying independent auditor's report.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
INTERNATIONAL FUNDS							
72,422.968 6/30/25	MFS INTERN DIVERSIFICATION-I CUSIP: 55273G298 130609-000	1,527,522.33	1,944,556.69 26.8500	4.5	0.00	1.1	21,799
TOTAL INTERNATIONAL FUNDS		1,527,522.33	1,944,556.69	4.5	0.00	1.1	21,799
TOTAL EQUITIES		10,436,424.41	14,381,585.65	33.5	0.00	1.8	261,899
OTHER ASSETS							
COMMON AND COLLECTIVE FUNDS							
11,424.333 6/30/25	BLACKROCK MID CAP EQTY INDX FD CL R CUSIP: 97182P357 130609-000	2,206,364.10	3,708,113.43 324.5803	8.6	0.00	0.0	0
8,078.511 6/30/25	BLACKROCK RUSS 2000 INDEX-R CUSIP: 97182P340 130609-000	1,488,100.46	2,129,215.18 263.5653	5.0	0.00	0.0	0
252,794.039 6/30/25	FLEXPATH LARGE CAP VALUE-R1 CUSIP: 97183K357 130609-000	4,750,000.00	5,839,542.30 23.1000	13.6	0.00	0.0	0
TOTAL COMMON AND COLLECTIVE FUNDS		8,444,464.56	11,676,870.91	27.2	0.00	0.0	0
TOTAL OTHER ASSETS		8,444,464.56	11,676,870.91	27.2	0.00	0.0	0
TOTAL INVESTMENT PORTFOLIO		36,999,867.39	42,881,349.63	100.0	82,553.54	2.5	1,084,894
ENDING ACCRUAL FOR PERIOD			82,553.54				
TOTAL VALUE			42,963,903.17				

See accompanying independent auditor's report.

I.B.E.W. LOCAL #106
PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EMPLOYER ID #16-6126150; PLAN #001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2025

Investment	Asset Class	Shares/Units	Price	Balance
* GDA DZ (557455-E1)*	Fixed Inc	428,202.2035	\$1.00	<u>\$428,202.20</u>
			Totals	\$428,202.20

* transaction with party in interest

See accompanying independent auditor's report.

EIN: 16-6126150
 PN: 001
 Schedule B: Lines 9c 9h

I.B.E.W. LOCAL No. 106 PENSION PLAN

G. Amortization Schedules as of July 1, 2024

	<u>Date</u> <u>Established</u>	<u>Original</u> <u>Balance</u>	<u>Balance</u> <u>as of 7/1/2024</u>	<u>Years</u> <u>Remaining</u> <u>as of 7/1/2024</u>	<u>Payment</u> <u>as of 7/1/2024</u>
1. <u>Minimum Funding</u>					
<i>Charges</i>					
Benefit Change	7/1/2001	1,730,333	765,243	7.00	132,703
Benefit Change	7/1/2007	1,703,375	1,158,439	13.00	129,541
Actuarial Loss	7/1/2010	1,031,657	106,942	1.00	106,942
Actuarial Loss	7/1/2011	719,713	144,066	2.00	74,468
Actuarial Loss	7/1/2012	1,001,498	290,473	3.00	103,443
Assumption Change	7/1/2012	617,457	179,087	3.00	63,776
Assumption Change	7/1/2013	178,834	66,831	4.00	18,440
Actuarial Loss	7/1/2015	241,326	126,491	6.00	24,802
Actuarial Loss	7/1/2016	1,664,093	984,665	7.00	170,756
Assumption Change	7/1/2016	1,900,494	1,124,552	7.00	195,013
Actuarial Loss	7/1/2017	1,110,903	728,324	8.00	113,992
Actuarial Loss	7/1/2018	1,253,262	896,503	9.00	128,600
Actuarial Loss	7/1/2019	1,055,007	813,572	10.00	108,256
Assumption Change	7/1/2019	576,470	444,542	10.00	59,153
Actuarial Loss	7/1/2020	236,153	194,429	11.00	24,232
Assumption Change	7/1/2022	6,217	5,705	13.00	638
Actuarial Loss	7/1/2022	513,426	471,132	13.00	52,684
Actuarial Loss	7/1/2023	408,960	392,686	14.00	41,964
Actuarial Loss	7/1/2024	241,718	241,718	15.00	24,803
Plan change	7/1/2024	78,504	78,504	15.00	8,055
Sub Total			\$ 9,213,904		\$ 1,582,261
<i>Credits</i>					
Assumption Change	7/1/2007	734,022	499,203	13.00	55,823
Actuarial Gain	7/1/2013	107,378	40,126	4.00	11,072
Actuarial Gain	7/1/2014	295,283	133,355	5.00	30,396
Assumption Change	7/1/2020	43,319	35,665	11.00	4,445
Actuarial Gain	7/1/2021	947,938	826,662	12.00	97,270
Sub Total			\$ 1,535,011		\$ 199,006
Total			\$ 7,678,893		\$ 1,383,255
Credit Balance as of 7/1/2024			\$ 4,631,224		
Unfunded Accrued Liability			\$ 3,047,669		
2. <u>Maximum Funding</u>					
Fresh Start	7/1/2024	\$ 3,047,669	3,047,669	10.00	405,532
Total			3,047,669		405,532