

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 10/01/2024 and ending 09/30/2025	
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	1b Three-digit plan number (PN) ▶ 001
	I.B.E.W. LOCAL 1579 PENSION PLAN	1c Effective date of plan 08/28/1975
	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) I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	2b Employer Identification Number (EIN) 58-1254974
	8657 BAYPINE ROAD, SUITE 200 JACKSONVILLE, FL 32256-8634	2c Plan Sponsor's telephone number 800-842-5899
		2d Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2026	JAMES RICHARDSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2026	KEITH GOFF
	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 1577
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) 684 6a(2) 694 6b 449 6c 358 6d 1501 6e 90 6f 1591 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 32

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

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 _____
- (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 10/01/2024 and ending 09/30/2025

▶ 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 1579 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 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-1254974

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

1a Enter the valuation date: Month 10 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 216467706
(2) Actuarial value of assets for funding standard account	1b(2) 216467706
c (1) Accrued liability for plan using immediate gain methods	1c(1) 178822171
(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) 178822171
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) 252853317
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 7176203
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 15812258
(3) Expected plan disbursements for the plan year.....	1d(3) 15047029

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	03/26/2026
Signature of actuary KENNETH N. DENSMORE	Date 23-08324
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4100
Firm name 990 HAMMOND DRIVE SUITE 220 ATLANTA, GA 30328	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	216467706
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	532	116470095
(2) For terminated vested participants	366	48311591
(3) For active participants:		
(a) Non-vested benefits		2614344
(b) Vested benefits		85457287
(c) Total active	683	88071631
(4) Total	1581	252853317
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
	11161207				
Totals ►			3(b)	11161207	3(c)
(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	121.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ 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	3.85 %
		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)	6P	6P
(2) Females	6c(2)	6FP	6FP
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ 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)	6.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.7 %	
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)	321097	
(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	-2555364	-258690
5	-9252905	-1219881

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	
b Employer's normal cost for plan year as of valuation date	9b	3874712

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)	44553068	7265060
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 751935**e** Total charges. Add lines 9a through 9d.....**9e** 11891707**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 59002300**g** Employer contributions. Total from column (b) of line 3.....**9g** 11161207**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 4528616**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	23196303	2972754
9j(1)	26934601	
9j(2)	13768143	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 77664877**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 65773170**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.....

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

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ 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 10/01/2024 and ending 09/30/2025		
A Name of plan I.B.E.W. LOCAL 1579 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-1254974	

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	
BNY MELLON	101 BARCLAY ST NEW YORK, NY 10286

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
IRONWOOD CAPITAL MANAGEMENT	1 MARKET ST. SAN FRANCISCO, CA 94105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SKYBRIDGE CAPITAL	527 MADISON AVE, 4TH FL NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK FUND ADVISORS	525 WASHINGTON BLVD, SUITE 1405 JERSEY CITY, NJ 07310

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

BOYD WATTERSON ASSET MANAGEMENT

1301 E 9TH ST, SUITE 2900
CLEVELAND, OH 44114

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

BLUE OWL CAPITAL

399 PARK AVE., 38TH FLOOR
NEW YORK, NY 10022

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

IFM INVESTORS

114 WEST 47TH ST., 19TH FLOOR
NEW YORK, NY 10036

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

INCOME RESEARCH & MANAGEMENT

115 FEDERAL ST., 22ND FLOOR
BOSTON, MA 02110

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

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

(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)

MARQUETTE ASSOCIATES INC

36-3485298

(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?
16 27	NONE	111964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEBA INC

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	110144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(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	58425	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	35282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	30871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUINN CONNOR WEAVER DAVIES

4100 PERIMETER PARK SOUTH
ATLANTA, GA 30341

(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	16936	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 10/01/2024 and ending 09/30/2025		
A Name of plan I.B.E.W. LOCAL 1579 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-1254974	

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: AFL-CIO BUILDING INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC			
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6323212	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO BRD MKT SIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-357	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71155531	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON DB SL ACWI EX-US FUND			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12441499	
a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M CORE PLUS BOND COLLECTIVE FUND			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 37-6567224-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93061149	
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 10/01/2024 and ending 09/30/2025

A Name of plan I.B.E.W. LOCAL 1579 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-1254974

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	3859693	5972046
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1203551	1452095
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	18370	16755
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2959966	3322765
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	8438157	30257158
(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)	6083103	182981391
(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)	187440280	10312145
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6514994	2303069

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	216518114	236617424
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	50408	37259
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	50408	37259
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	216467706	236580165

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)	11161207	
(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)		11161207
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	170145	
(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)		170145
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1433654	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1433654
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	295778636	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	295781249	
(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)		
(B) Other	2b(5)(B)	2570479	
(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)		16398288
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-313249
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		31417911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10832257	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10832257
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)	110144	
(3) Recordkeeping fees	2i(3)	11214	
(4) IQPA audit fees	2i(4)	24068	
(5) Investment advisory and investment management fees	2i(5)	111964	
(6) Bank or trust company trustee/custodial fees	2i(6)	30871	
(7) Actuarial fees	2i(7)	58425	
(8) Legal fees	2i(8)	16936	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	8055	
(11) Other expenses	2i(11)	101518	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		473195
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11305452

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20112459
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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?	☒		1000000
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 576376.

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 10/01/2024 and ending 09/30/2025		
A Name of plan I.B.E.W. LOCAL 1579 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES		D Employer Identification Number (EIN) 58-1254974
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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 DAY ZIMMERMANN NPS

b EIN 23-2499111

c Dollar amount contributed by employer 1263886

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 09 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.32

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

a Name of contributing employer SAVANNAH RIVER MISSION COMPLETION

b EIN 85-0584794

c Dollar amount contributed by employer 1571705

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 01 Day 01 Year 9999

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) 8.32

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

a Name of contributing employer SRNS(SAV RVR NUCLEAR SOL)

b EIN 26-0240191

c Dollar amount contributed by employer 2055729

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 01 Day 01 Year 9999

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) 8.32

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

a Name of contributing employer HEBBARD ELECTRIC INC

b EIN 58-1654149

c Dollar amount contributed by employer 402731

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 09 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.32

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

a Name of contributing employer GOFF ELECTRIC

b EIN 20-4948399

c Dollar amount contributed by employer 217505

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 09 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 7.69

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

a Name of contributing employer ALRICH ELECTRIC CONTRACT

b EIN 58-0646671

c Dollar amount contributed by employer 287151

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 09 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 7.69

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **J&R ELECTRICAL CONTRACTORS**

b EIN **58-2468963**

c Dollar amount contributed by employer **213540**

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 **09** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **7.69**

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

a Name of contributing employer **MARKCO ELECTRICAL SERVICES**

b EIN **03-0411847**

c Dollar amount contributed by employer **117932**

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 **09** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **7.69**

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

a Name of contributing employer **MILLER ELECTRIC CO**

b EIN **59-0361850**

c Dollar amount contributed by employer **1391308**

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 **09** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **7.69**

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

a Name of contributing employer **CR MEYER & SONS COMPANY**

b EIN **39-0467980**

c Dollar amount contributed by employer **121586**

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 **09** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **7.69**

(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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

1.00

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

15b

1.10

- 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: 36.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 40.0 %

High-Yield Debt: 0.0 % Real Assets: 16.0 % Cash or Cash Equivalents: 2.0 % Other: 6.0 %

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 1579 Pension Plan

Financial Statements

September 30, 2025

I.B.E.W. Local 1579 Pension Plan

Financial Statements with Supplementary Information

September 30, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
I.B.E.W. Local 1579 Pension Plan

Opinion

We have audited the financial statements of I.B.E.W. Local 1579 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of I.B.E.W. Local 1579 Pension Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of September 30, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Legacy Professionals LLP

Westchester, Illinois

March 4, 2026

I.B.E.W. Local 1579 Pension Plan

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Common collective trusts	\$ 176,658,179	\$ -
Limited partnership	21,498,464	-
Registered investment companies	10,312,145	187,440,280
Hedge funds	2,303,069	6,514,994
Real estate funds	15,081,906	14,521,260
Short-term investment fund	<u>3,322,765</u>	<u>2,959,966</u>
Total investments	<u>229,176,528</u>	<u>211,436,500</u>
Receivables		
Employer contributions	1,452,095	1,203,551
Accrued interest and dividends	<u>11,119</u>	<u>11,094</u>
Total receivables	<u>1,463,214</u>	<u>1,214,645</u>
Prepaid expenses	<u>5,636</u>	<u>7,276</u>
Cash	<u>5,972,046</u>	<u>3,859,693</u>
Total assets	<u>236,617,424</u>	<u>216,518,114</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	36,405	29,584
Reciprocal contributions payable	<u>854</u>	<u>20,824</u>
Total liabilities	<u>37,259</u>	<u>50,408</u>
Net assets available for benefits	<u>\$ 236,580,165</u>	<u>\$ 216,467,706</u>

See accompanying notes to financial statements.

I.B.E.W. Local 1579 Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 18,652,905	\$ 34,136,609
Interest and dividends	<u>1,603,799</u>	<u>3,505,707</u>
	20,256,704	37,642,316
Less investment expenses	<u>(142,835)</u>	<u>(284,470)</u>
Investment income - net	20,113,869	37,357,846
Employer contributions	<u>11,161,207</u>	<u>9,814,283</u>
Total additions	<u>31,275,076</u>	<u>47,172,129</u>
Deductions		
Pension benefits	10,832,257	11,459,425
Administrative expenses		
Actuarial fees	58,425	64,000
Administration fees	110,144	107,750
Audit and accounting fees	24,068	23,033
Conferences and meetings	8,055	5,500
Insurance	18,715	24,169
Legal fees	16,936	13,362
Miscellaneous	5,763	5,438
Payroll compliance audit fees	11,214	-
PBGC premiums	58,349	58,485
Printing and postage	11,491	8,752
Secretarial fees	<u>7,200</u>	<u>7,500</u>
Total deductions	<u>11,162,617</u>	<u>11,777,414</u>
Net increase	20,112,459	35,394,715
Net assets available for benefits		
Beginning of year	<u>216,467,706</u>	<u>181,072,991</u>
End of year	<u>\$ 236,580,165</u>	<u>\$ 216,467,706</u>

See accompanying notes to financial statements.

I.B.E.W. Local 1579 Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of I.B.E.W. Local 1579 Pension Plan (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contribution deficiencies established through payroll compliance audits are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction primarily located in the Central Savannah River Area in Georgia and South Carolina.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the other plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of the reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$3,011,221 and \$2,736,462 for the years ended September 30, 2025 and 2024, respectively, from various other pension plans under the terms of the reciprocity agreements. The Plan remitted a total of \$301,328 and \$383,233 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended September 30, 2025 and 2024, respectively.

Payment of Benefits - Benefits paid to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through March 4, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

General - The Plan was established under the terms of a collective bargaining agreement between the local union and participating employers to provide benefits for eligible participants upon retirement, death or disability. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreement. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Description of the Plan (continued)

Benefits - Generally, normal retirement occurs at age 65 provided the participant has at least five years of participation in the Plan. The benefit amount is based upon past service credits as well as contributions made on the participant's behalf. The normal pension form is a monthly benefit for 36 months certain and the lifetime of the participant thereafter. If the participant is married and does not receive a spousal consent waiver, the benefit will automatically be a reduced amount payable for life with 50% continuing to the participant's spouse upon death. Optional payment forms such as partial lump sums are also available.

The Plan also provides for early retirement at age 55 as well as pre-retirement death benefits.

Vesting - Participants generally become 100% vested after earning at least five years of vested service. A full year vesting service is earned for each Plan year upon the completion of 1,000 or more hours of covered employment.

Section 414(k) - Effective October 1, 2012, the Trustees established a 414(k) component under the Plan. Under this arrangement, reciprocal contributions received in excess of the employer contribution rate were credited to a participant's individual account. Effective October 1, 2015, the Trustees amended the Plan to cease crediting of excess contributions into these accounts for work after September 30, 2015. Individual accounts are also credited with a net investment return as set forth in the Plan document. Participants are 100% vested in their individual accounts and may generally receive their balance upon retirement. The benefit to which a participant is entitled from this arrangement is the benefit that can be provided from the participant's account. Net assets available for benefits at September 30, 2025 and 2024 included accumulated contributions and interest credited to participants' accounts totaling approximately \$465,000 and \$390,000 respectively. There were no participants who elected a withdrawal from their individual account but were not yet paid at either September 30, 2025 or 2024. Such benefits are not insured by the Pension Benefit Guaranty Corporation.

Participants should refer to the summary plan description for more complete information.

Note 3. Funding Policy

Participating employers contribute such amounts as are required under collective bargaining agreements. Hourly contribution rates during the years ended September 30, 2025 and 2024 ranged from \$7.49 to \$8.32.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of October 1, 2024.

Note 4. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, except for individual participant accounts established under the 414(k) component of the Plan, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

Note 5. Actuarial Information

An actuarial valuation of the Plan was made by Horizon Actuarial Services, LLC as of September 30, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving benefits	\$ 91,269,029
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Other vested benefits	<u>89,734,856</u>
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Total vested benefits	181,003,885
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Nonvested benefits	<u>2,896,376</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 183,900,261</u>
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Note 5. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended September 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 181,010,663
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 2,567,953	
Interest	12,099,059	
Benefits paid	(11,459,425)	
Administrative expenses paid	<u>(317,989)</u>	
Net increase		<u>2,889,598</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 183,900,261</u>

The valuation was prepared using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Healthy mortality -	RP-2014 Employee Mortality Table, with Blue Collar Adjustment and future generational improvements at 25% of Scale MP-2015
Disabled mortality -	RP-2014 Disabled Retiree Mortality Table and future generational improvements at 25% of Scale MP-2015
Retirement age -	Varies from age 55 to 65, with the weighted-average assumed retirement age being 58.3 for active participants
Net investment return -	6.75%, net of investment expenses

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at September 30, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2025. The complete financial status is presented as of September 30, 2024.

Under the Pension Protection Act of 2006 (PPA), the Plan was certified as being in neither endangered nor critical status (green zone) as of October 1, 2025.

Note 6. Tax Status

The Plan's latest determination letter is dated January 28, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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.

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of September 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 9/30/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Short-term investment fund	\$ 3,322,765	<u>\$ 3,322,765</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	176,658,179			
Limited partnership	21,498,464			
Registered investment company	10,312,145			
Hedge fund	2,303,069			
Real estate funds	15,081,906			
Total	<u>\$ 229,176,528</u>			
		Fair Value Measurements at 9/30/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Registered investment companies	\$ 177,323,207	<u>\$ 177,323,207</u>	<u>\$ -</u>	<u>\$ -</u>
Short-term investment fund	2,959,966	<u>2,959,966</u>	<u>-</u>	<u>-</u>
	180,283,173	<u>\$ 180,283,173</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Registered investment company	10,117,073			
Hedge funds	6,514,994			
Real estate funds	14,521,260			
Total	<u>\$ 211,436,500</u>			

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

The Level 1 registered investment companies represent shares held in mutual funds and exchange traded funds. The fair values of the funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

The short-term investment fund represents shares held in a money market mutual fund.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. There are no significant withdrawal restrictions for the common collective trusts.

The fair value of the limited partnership is based upon the Plan's capital balance without further adjustment, by reference to the underlying investments, which consist primarily of global infrastructure assets. Redemptions are available quarterly with 90 days written notice.

The underlying assets of the registered investment company valued at the net asset value per share consist primarily of credit investments in domestic middle market companies. Redemptions are available quarterly with 30 days written notice, subject to limitations.

The fair values of the hedge funds are based on the net asset value per share by reference to the funds' underlying assets, which consist primarily of equity and credit funds. Redemptions for one hedge fund with a fair value of \$2,303,069 and \$2,056,600 at September 30, 2025 and 2024, respectively, are available on a semi-annual basis with 60 days written notice. The other hedge fund with a fair value of \$4,458,394 at September 30, 2024 was liquidated during the year ended September 30, 2025.

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

One real estate fund with a fair value of \$6,323,212 and \$6,083,103 at September 30, 2025 and 2024, respectively, is a DFE investment. In May 2023, all redemptions from this fund were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the fund's net asset value was not considered necessary at either September 30, 2025 or 2024.

The underlying assets of the other real estate fund with a fair value of \$8,758,694 and \$8,438,157 at September 30, 2025 and 2024, respectively, consist primarily of commercial property leased to U.S. government or government agencies. Redemptions are available quarterly with 60 days written notice.

Note 8. Risks and Uncertainties

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

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 414(k) participant account balances and the amounts reported in the statements of net assets available for benefits.

The Plan holds several alternative investments in which the general partner or investment manager is required to value the Plan's underlying investments at estimated fair values using various subjective techniques. Due to inherent uncertainties involved in the valuation of these investments which are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan had a significant portion of its assets invested in two common collective trusts at September 30, 2025, and two exchange traded funds at September 30, 2024, that collectively represented approximately 69% and 70% of the Plan's net assets available for benefits as of September 30, 2025 and 2024, respectively. It is reasonably possible that changes in the fair values of these funds could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair values of these investments occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 9. Related Organizations

The Plan shares certain common governance with a training fund, a welfare plan and a local union, all of which are tax-exempt.

Note 10. Major Employer

During the years ended September 30, 2025 and 2024, contributions from one employer accounted for approximately 25% and 21%, respectively, of total contributions. In the event this employer were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 11. Party-in-Interest Transactions

The Plan pays fees under several arrangements with service providers and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.



Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
I.B.E.W. Local 1579 Pension Plan

We have audited the financial statements of I.B.E.W. Local 1579 Pension Plan (the Plan) as of and for the years ended September 30, 2025 and 2024, and our report thereon dated March 4, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

March 4, 2026

Schedule MB, Line 6 - Summary of Plan Provisions

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

<i>Plan Name</i>	I.B.E.W. Local 1579 Pension Plan
<i>Plan Sponsor</i>	Board of Trustees of the I.B.E.W. Local 1579 Pension Plan
<i>EIN / PN</i>	58-1254974 / 001
<i>Effective Date and Most Recent Amendment</i>	The original effective date of the Plan is October 1, 1974. The most recent amendment to the Plan included in this valuation is Amendment Seven effective October 1, 2024.
<i>Plan Year</i>	The twelve-month period beginning October 1 and ending September 30.
<i>Employers</i>	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or other written agreement.
<i>Participants</i>	All employees working in covered employment for a participating Employer are eligible to participate in the Plan at the beginning of the Plan Year in which they first work in covered service for at least 250 hours of future vested service within that Plan Year.
<i>Vested Service</i>	Vested service is equal to the sum of past vested service and future vested service. Past vested service is equal to past credited service. Future vested service is based on the number of hours worked in each Plan Year after October 1, 1974, in accordance with the following:

Hours Worked During a Plan Year	Future Vested Service
1000 or more	1.00
750 or more but less than 1000	.750
500 or more but less than 750	.500
250 or more but less than 500	.250
Less than 250	.000



Schedule MB, Line 6 - Summary of Plan Provisions

Credited Service

Credited service is equal to the sum of past credited service and future credited service, subject to a 10-year maximum on past credited service.

Past Credited Service:

One year of past credited service (to the nearest $\frac{1}{4}$ of a year) is given for each Plan Year prior to October 1, 1974 in which a person was employed a minimum of 1,000 hours by a contributing employer. In order to qualify for past credited service, a person must have been available for work as an employee on October 1, 1974 and worked a minimum of 1,000 hours during the period October 1, 1974 through September 30, 1976.

Future Credited Service:

This is based on the number of hours worked in each Plan Year after October 1, 1974, in accordance with the following:

Hours Worked During a Plan Year	Future Credited Service
1500 or more	1.00
1250 or more but less than 1500	.883
1000 or more but less than 1250	.667
750 or more but less than 1000	.500
500 or more but less than 750	.333
250 or more but less than 500	.167
Less than 250	.000

Normal Retirement Age

Later of age 65 and the fifth anniversary of employment (tenth anniversary for those participants who fail to be credited with some hours worked after September 30, 1988).

Minimum Retirement Income

Minimum Retirement Income applies to a participant who :

- a.) was a participant as of September 30, 2012,
- b.) has attained age 62 and accumulated at least five years of vested service, and
- c.) has not lost his credited service accrued as of September 30, 2012.

Minimum Retirement Income is equal to the benefit accrued as of September 30, 2012 actuarially increased to the date of retirement. Please refer to Paragraph 1.2(A)(18) of the Plan document for a complete description of this benefit.

Schedule MB, Line 6 - Summary of Plan Provisions

Break-In-Service

A participant who fails to be credited with at least .250 of a year of vested service during a Plan Year will incur a break-in-service, unless the employee:

- a.) has been disabled so as to be unable to work for 90 consecutive days during the Plan Year;
- b.) has entered into the Armed Forces of the United States and returns within 90 days of his discharge or within 90 days of his discharge from a hospital, if he is hospitalized at the time of his separation from service;
- c.) remains employed by or becomes an Employer, but in a category of work not covered by the collective bargaining agreement.

A break-in-service will also not occur during the first or second year (as needed to prevent the break) of a maternity or paternity leave of absence.

Monthly Benefit

The monthly benefit level for an active participant is equal to
\$4.00 times past credited service, to a maximum of 10 years
PLUS \$24.90 times future credited service prior to October 1, 1985
PLUS 3.34% of contributions from October 1, 1985 through September 30, 2004
PLUS 2.70% of contributions from October 1, 2004 through September 30, 2006
PLUS 2.40% of contributions from October 1, 2006 through September 30, 2007
PLUS 1.80% of contributions from October 1, 2007 through September 30, 2008
PLUS 1.50% of contributions from October 1, 2008 through September 30, 2009
PLUS 1.20% of credited benefit-bearing contributions thereafter
In addition, the monthly benefit is increased by 15% for benefits earned before October 1, 2012.

Benefit-Bearing Contribution Rates

As of the valuation date, the contribution rates included in the monthly benefit formula are as follows (see the plan document for historical rates):

Savannah River Site: \$7.32
Intown: \$6.69
Plant Vogtle Units 1 and 2: \$7.13
Plant Vogtle Units 3 and 4: \$7.13

For each of the above groups, the non-benefit bearing contribution rate is \$1.00 as of the valuation date.

For incoming reciprocal contributions, the first \$6.69 per hour is benefit-bearing.

Schedule MB, Line 6 - Summary of Plan Provisions

***Lump Sum
Contributions***

Lump Sum Contributions represent the sum of the benefit bearing contributions required to be made on behalf of the participant from October 1, 1985 through September 30, 2017. Please refer to Paragraph 1.2(A)(17) of the Plan document for a complete description of Lump Sum Contributions.

***Normal Pension-
Eligibility***

A participant becomes eligible by satisfying the requirements for receiving a Normal Pension benefit by reaching Normal Retirement Age, as described above.

***Normal Pension –
Amount of Benefit***

The sum of (a) and (b) where:

- a.) is the larger of (i) or (ii) where:
 - (i) is the monthly benefit earned prior to October 1, 2012 and
 - (ii) is the Minimum Retirement Income; and
- b.) is the monthly benefit earned after September 30, 2012.

***Early Retirement
Pension – Eligibility***

Age 55 and 10 years of vested service (five years with at least one hour worked after September 30, 1996).



Schedule MB, Line 6 - Summary of Plan Provisions

Early Retirement Pension – Amount of Benefit

The Early Retirement Pension benefit is equal to the Normal Pension Benefit multiplied by the applicable Early Retirement factor from the table below:

Early Retirement Factors

Age at Retirement	For employees who are credited with 600 hours worked in at least 1 Plan Year after 49 th birthday for Benefits Accrued Prior to 10/1/2012	For employees who are not credited with 600 hours worked in at least 1 Plan Year after 49 th birthday		For Benefits Accrued After 9/30/2012
		For Benefits Accrued Prior to 10/1/2004	For Benefits Accrued After 9/30/2004 and Prior to 10/1/2012	
55	.765217396	.765217396	.53	.50
56	.817391308	.817391308	.58	.55
57	.869565220	.869565220	.65	.60
58	.895652176	.895652176	.72	.65
59	.921739132	.921739132	.79	.70
60	.947826088	.947826088	.86	.75
61	.973913044	.973913044	.93	.80
62	1.000000000	1.000000000	1.00	1.00
63	1.000000000	1.000000000	1.00	1.00
64	1.000000000	1.000000000	1.00	1.00
65	1.000000000	1.000000000	1.00	1.00

Disability Pension – Eligibility

Total and permanent disability with at least fifteen years of vested service. The participant must earn 0.250 years of vested service in either the Plan Year of disability or the immediately preceding Plan Year. The benefit will become payable after eligibility for disability benefits from the Social Security Administration ("SSA") or from a duly licensed physician if denied from SSA and is based on accrued credited service. An employee whose date of disability is after September 30, 2017 and before October 1, 2020 shall not be eligible for disability benefits.

Disability Pension – Amount of Benefit

The disability pension is equal to the Normal Pension Benefit, except the 1.15 factor is not used to determine the benefit.

Schedule MB, Line 6 - Summary of Plan Provisions

<i>Vested Benefit</i>	100% vesting in benefits that have been accrued is based on the following: - a.) five or more years of vested service for participants who are credited with at least one hour worked after September 30, 1996, or - b.) five or more years of vested service for participants who are credited with any hours worked after September 30, 1989 in a position that is not covered by a collective bargaining agreement, or - c.) 10 or more years of vested service.
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<i>Pre-Retirement Annuity Death Benefits</i>	<i>Pre-Retirement Survivor Annuity:</i> If a vested participant has a spouse and dies prior to actual retirement, his spouse shall receive a monthly retirement income for the spouse’s lifetime equal to: - a.) If the participant earned 0.250 years of vested service either in the Plan Year of death or the immediately preceding Plan Year, 90% of the participant’s accrued monthly retirement income as of the date of death. If the participant dies prior to meeting eligibility for retirement, the 1.15 factor will not be used. - b.) For all others, the 90% factor in a.) will be reduced by 5% for each consecutive Plan Year preceding the Plan Year of death in which the participant failed to earn at least 0.250 years of vested service. The monthly benefit will not be less than 50% of the monthly benefit the participant would have received on his earliest retirement date if the participant had retired on that date and elected the joint and 50% survivor annuity with his spouse as the joint pensioner (actuarially reduced if started before the earliest retirement date).
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<i>Pre-Retirement Lump Sum Death Benefits</i>	A participant (who is not receiving a disability pension) who has accrued at least one year of vested service, who dies prior to retirement, and whose spouse or beneficiary is ineligible for the pre-retirement survivor annuity, shall have paid to his beneficiary a lump-sum payment equal to the sum of \$1,000.00 plus \$100.00 times the participant’s number of years of future vested service plus the greater of the employee’s Lump-Sum Contributions or \$10,000.00.
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Schedule MB, Line 6 - Summary of Plan Provisions

Pre-Retirement 36-Month Payment Death Benefit

A participant who has postponed his retirement income payments after eligibility for either early or normal retirement and who does not have an eligible spouse and dies prior to his retirement date; death benefit will be payable to the designated beneficiary in 36 monthly payments equal to the benefit the participant would have received had he retired the day before his death and elected the normal form of payment.

Forms of Payment

Normal Form

The normal pension form is a monthly benefit for 36 months certain and the lifetime of the participant thereafter. If the participant is married, then he will automatically receive a reduced monthly benefit payable for his lifetime with 50% continuing to his spouse after his death. He may, however, with spousal consent, reject this joint and 50% survivor form and receive the 36 months certain and lifetime thereafter pension.

Optional Forms (with spousal consent):

- a.) A lump-sum payment not to exceed the Lump-Sum Contributions, plus a retirement income of a smaller monthly amount payable for 36 months certain and the lifetime of the participant thereafter.
 - b.) A lump-sum payment not to exceed the Lump-Sum Contributions, plus modified payments during the employee's lifetime, with 50% or 75% of the monthly payments continuing to his spouse after his death for the remainder of the spouse's lifetime.
 - c.) Modified payments during the employee's lifetime, with 75% of the monthly payments continuing to his spouse after his death for the remainder of the spouse's lifetime.
-

Changes in Plan Provisions

Since the prior valuation, the following plan provisions have been changed:

- Contributions that are included in the determination of benefit accruals were increased to reflect the contribution rate increases in the CBAs that were effective October 1, 2024.
 - In addition, \$0.43 per hour was reallocated from the non-benefit bearing contributions to benefit bearing contributions effective October 1, 2024.
-



I.B.E.W. Local 1579 Pension Plan
Investment Summary
Y/E 9/30/2025

	Statement Balance	Audit Adjustment	Market Value	Cost Value
Interest Bearing Cash				
Comerica Page 5	3,322,765	-	3,322,765	3,322,765
Common/Collective Trusts				
BNY Mellon DB SL ACWI ex-US Fund	12,441,499	-	12,441,499	10,500,000
BNY Mellon AFL-CIO Broad Market Stock Index Fund	71,155,531	-	71,155,531	62,000,000
Comerica Page 4 - AFL-CIO BIT	6,296,189	27,023	6,323,212	3,444,811
Comerica Page 4 - IR&M Core Plus Bond Collective Fund	91,962,086	1,099,063	93,061,149	88,000,000
	<u>181,855,305</u>	<u>1,126,086</u>	<u>182,981,391</u>	
Partnership/Joint Venture Interests				
Comerica Page 4 - Boyd Watterson GSA Fund LP	8,630,496	128,198	8,758,694	8,000,000
Comerica Page 5 - IFM Global Infrastructure LP	21,099,538	398,926	21,498,464	20,000,000
	<u>29,730,034</u>	<u>527,124</u>	<u>30,257,158</u>	
Registered Investment Companies				
Comerica Page 4 - Blue Owl Credit Income Corp	10,399,814	(87,669)	10,312,145	See Attached
	<u>10,399,814</u>	<u>(87,669)</u>	<u>10,312,145</u>	
Other - Hedge Funds				
Comerica Page 4 - Skybridge Multi Adviser Hedge Fund	2,334,528	(31,459)	2,303,069	See Attached
	<u>2,334,528</u>	<u>(31,459)</u>	<u>2,303,069</u>	
Total	<u>227,642,446</u>	<u>1,534,082</u>	<u>229,176,528</u>	



IBEW LOCAL NO. 1579 PENSION FUND TRUST

Detailed Holdings
For the Period September 01, 2025 - September 30, 2025

Page 4 of 15

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
C I F - Fixed Income							
AFL-CIO BLDG INVESTMENT TRUST Bank: 997636AF2	1,120.9928	5,616.62 07/01/25	6,296,188.92	6,044,453.13	251,735.79	0.00 0.00	
Total C I F - Fixed Income			6,296,188.92	6,044,453.13	251,735.79	0.00 0.00	
Total Debt Securities			6,296,188.92	6,044,453.13	251,735.79	0.00 0.00	
Equity Securities							
Closely Held - Equity							
BLUE OWL CREDIT INCOME CORP. I Bank: CHL000143	1,095,870.8580	9.49 05/01/25	10,399,814.44	10,416,892.54	(17,078.10)	0.00 0.00	
BOYD WATTERSON GSA FUND LP Bank: CHB055929	8,809.6400	979.67 09/01/25	8,630,496.00	9,704,487.54	(1,073,991.54)	0.00 0.00	
IR&M CORE PLUS BOND COLLECTIVE FUND CALL A Bank: CHLP00273	8,397,683.7400	10.95 08/31/25	91,962,085.70	88,000,000.00	3,962,085.70	0.00 0.00	
Total Closely Held - Equity			110,992,396.14	108,121,380.08	2,871,016.06	0.00 0.00	
Total Equity Securities			110,992,396.14	108,121,380.08	2,871,016.06	0.00 0.00	
Other Investments							
C T F - Other							
SKYBRIDGE MULTI ADVISER HEDGE FUND PORTFOLIOS LLC Bank: CTFH01207	2,011.7300	1,160.46 07/01/25	2,334,528.17	1,716,047.07	618,481.10	0.00 0.00	
Total C T F - Other			2,334,528.17	1,716,047.07	618,481.10	0.00 0.00	



IBEW LOCAL NO. 1579 PENSION FUND TRUST

Detailed Holdings
For the Period September 01, 2025 - September 30, 2025

Page 5 of 15

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Partnerships Alt Investments							
IFM GLOBAL INFRASTRUCTURE (US) LP Bank: PART13937	21,099,537.5000	1.00	21,099,537.50	20,000,000.00	1,099,537.50	0.00 0.00	
Total Partnerships Alt Investments			21,099,537.50	20,000,000.00	1,099,537.50	0.00 0.00	
Total Other Investments			23,434,065.67	21,716,047.07	1,718,018.60	0.00 0.00	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	3,322,765.2600	1.00	3,322,765.26	3,322,765.26	0.00	11,119.43 134,316.21	
Total Short Term Investments			3,322,765.26	3,322,765.26	0.00	11,119.43 134,316.21	
Total Short Term Investments			3,322,765.26	3,322,765.26	0.00	11,119.43 134,316.21	
Total Market Value			144,045,415.99	139,204,645.54	4,840,770.45	11,119.43 134,316.21	

Schedule MB, Line 8b(2) - Distribution of Active Participants

Distribution of Active Participants

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b]

Years of Vesting Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	3	14	11	-	-	-	-	-	-	-	28
25 - 29	1	16	67	1	-	-	-	-	-	-	85
30 - 34	-	12	55	21	2	-	-	-	-	-	90
35 - 39	4	19	44	35	12	-	-	-	-	-	114
40 - 44	-	12	30	24	19	1	-	-	-	-	86
45 - 49	1	11	32	14	25	10	-	-	-	-	93
50 - 54	-	10	20	11	11	12	5	8	1	-	78
55 - 59	-	7	13	13	6	7	1	9	7	-	63
60 - 64	1	1	11	4	3	3	2	1	6	3	35
65 - 69	-	3	3	1	1	1	-	1	-	1	11
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	10	105	286	124	79	34	8	19	14	4	683



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024		Annual Payment
				Period	Balance	
Amendment	10/1/1995	30.00	\$ 2,478,669	1.00	\$ 186,070	\$ 186,070
Amendment	10/1/1997	30.00	3,094,344	3.00	652,332	231,792
Amendment	10/1/1999	30.00	21,654	5.00	7,128	1,618
Amendment	10/1/1999	30.00	816,771	5.00	269,054	61,060
Amendment	10/1/2000	30.00	444,333	7.00	192,413	33,154
Amendment	10/1/2007	30.00	778,350	13.00	522,962	57,789
ENIL (2008)	10/1/2008	29.00	5,439,021	13.00	3,693,507	408,140
ENIL (2008)	10/1/2009	28.00	973,004	13.00	668,397	73,860
ENIL (2008)	10/1/2010	27.00	3,202,150	13.00	2,227,293	246,121
ENIL (2008)	10/1/2011	26.00	3,893,149	13.00	2,744,769	303,303
ENIL (2009)	10/1/2009	29.00	6,977,778	14.00	4,958,679	523,212
Exper Loss	10/1/2010	15.00	42,978	1.00	4,397	4,397
Exper Loss	10/1/2011	15.00	6,665,387	2.00	1,318,876	680,968
Assumption	10/1/1996	30.00	2,679,701	2.00	389,178	200,942
Assumption	10/1/1997	30.00	527,814	3.00	111,270	39,537
Assumption	10/1/1998	30.00	209,722	4.00	57,070	15,695
Assumption	10/1/1999	30.00	965,779	5.00	318,156	72,202
Assumption	10/1/2002	30.00	653,049	8.00	313,383	48,688
Assumption	10/1/2006	30.00	1,063,684	12.00	679,132	79,034
Assumption	10/1/2010	15.00	1,701,825	1.00	174,051	174,051
Assumption	10/1/2011	15.00	186,229	2.00	36,851	19,027
ENIL (2008)	10/1/2012	25.00	4,014,386	13.00	2,872,069	317,370
ENIL (2009)	10/1/2012	26.00	17,539	14.00	12,941	1,365
Assumption	10/1/2012	15.00	1,900,245	3.00	545,802	193,938
Assumption	10/1/2013	15.00	1,638,875	4.00	607,619	167,095
Exper Loss	10/1/2013	15.00	1,774,001	4.00	657,714	180,873
Assumption	10/1/2014	15.00	1,315,197	5.00	590,298	133,963
Exper Loss	10/1/2014	15.00	1,581,473	5.00	709,808	161,086
Assumption	10/1/2015	15.00	6,318,322	6.00	3,296,957	642,959
Exper Loss	10/1/2015	15.00	2,382,018	6.00	1,242,957	242,397
Exper Loss	10/1/2016	15.00	2,139,300	7.00	1,262,246	217,496
Exper Loss	10/1/2017	15.00	2,527,204	8.00	1,652,277	256,701
Exper Loss	10/1/2018	15.00	121,950	9.00	87,000	12,376
Exper Loss	10/1/2019	15.00	13,579	10.00	10,443	1,377
Amendment	10/1/2020	15.00	775,009	11.00	636,447	78,520

Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024		Annual Payment
				Period	Balance	
Assumption	10/1/2021	15.00	\$ 4,246,591	12.00	\$ 3,694,103	\$ 429,899
Exper Loss	10/1/2022	15.00	2,761,420	13.00	2,529,812	279,550
Exper Loss	10/1/2023	15.00	4,814,936	14.00	4,619,607	487,435
Total Charges					\$ 44,553,068	\$ 7,265,060

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024		Annual Payment
				Period	Balance	
Amendment	10/1/2017	15.00	\$ 787,682	8.00	\$ 514,984	\$ 80,009
Method	10/1/2018	10.00	2,449,817	4.00	1,177,820	323,901
Exper Gain	10/1/2020	15.00	278,209	11.00	228,468	28,187
Exper Gain	10/1/2021	15.00	5,269,867	12.00	4,584,249	533,490
Assumption	10/1/2022	15.00	2,937,093	13.00	2,690,751	297,334
Assumption	10/1/2023	15.00	2,284,435	14.00	2,191,762	231,262
Exper Gain	10/1/2024	15.00	2,555,364	15.00	2,555,364	258,690
Method	10/1/2024	10.00	9,252,905	10.00	9,252,905	1,219,881
Total Credits					\$ 23,196,303	\$ 2,972,754

Net Total

\$ 21,356,765 \$ 4,292,306

See the comments following this Exhibit.

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010 for 2008
ENIL (2009)	Eligible net investment loss under the Pension Relief Act of 2010 for 2009
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name I.B.E.W. Local 1579 Pension Plan

Plan Sponsor Board of Trustees of the I.B.E.W. Local 1579 Pension Plan

EIN / PN 58-1254974 / 001

Interest Rates 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

RPA '94 Current Liability: the highest rate within the IRS allowable range for determining current liability which is 3.85% per annum.

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing *recent plan experience and anticipated plan experience* as described below.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age

Retirement Rates per 100 Participants

Age	Active	Inactive Vested
55	20	20
56	35	35
57	35	35
58	15	15
59	15	15
60	40	40
61	45	45
62	50	50
63	50	50
64	50	50
65	100	100

100 retirements per 100 participants assumed at the later of normal retirement or the valuation date.

The retirement rates are the same for males and females and based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement.

The weighted average retirement age for active participants is age 58.3. This average is based on the active population in the October 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Operating Expenses

The amount included this year for operating expenses is the average of the expenses for the two Plan Years preceding the valuation increased by 3% and adjusted to the beginning of year and added to the normal cost. For this year, the expense assumption is \$321,097 (\$331,031 assuming expenses are paid throughout the year).

For ASC 960 information purposes: the present value of operating expenses is included in the present value of accumulated plan benefits. This amount included is equal to the expected expenses for the upcoming year payable as a perpetuity, discounted at the Plan’s actuarial interest rate.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Contribution
Income***

For the purpose of projecting contributions, it is assumed that each active participant will have contributions made on the participant's behalf equal to the future hours worked multiplied by the actual contribution rate for the plan year prior to the valuation date, increased by known contribution rate increases.

***Active
Participant***

For valuation purposes, an active participant is a participant who worked at least 250 hours in the Plan Year preceding the valuation date and had not retired as of the valuation date.

***Non-Disabled
Mortality***

Participants:

RP-2014 Employee Mortality Table, with Blue Collar Adjustment and future generational improvements at 25% of Scale MP-2015.

Beneficiaries:

RP-2014 Annuitant Mortality Table, with Blue Collar Adjustment and future generational improvements at 25% of Scale MP-2015.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

***Disabled
Mortality***

RP-2014 Disabled Retiree Mortality Table and future generational improvements at 25% of Scale MP-2015.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates per 100 Participants

Age	Males	Females
15	0.021	0.023
20	0.029	0.030
25	0.038	0.047
30	0.048	0.080
35	0.069	0.136
40	0.117	0.211
45	0.202	0.323
50	0.358	0.533
55	0.722	0.952
60	1.256	1.159
65	1.753	1.358

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates per 100 Participants

Age	Males	Females
15	25.0	25.0
20	15.0	25.0
25	10.0	15.0
30	7.0	10.0
35	5.0	7.0
40	3.0	5.0
45	2.0	3.0
50	1.0	2.0
55	0.0	1.0
60 & Over	0.0	0.0

12 withdrawals per 100 participants are assumed for participants with fewer than 5 years of vested service.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Form of Payment Single participants are assumed to elect a lump-sum payment equal to their Lump Sum Contributions plus a reduced three year certain and life annuity while married participants are assumed to elect a lump-sum payment equal to their Lump Sum Contributions plus a reduced Joint and 50% Survivor annuity.

Lump Sum The value of the lump-sum payment (please refer to Section 5.2 of the Plan document for a complete description of this term) is determined using an interest rate assumption of 5.00% per annum and the PPA Optional Combined Mortality Tables for the plan year beginning on the valuation date.

Marriage 85% of male eligible participants and 50% of female eligible participants are assumed to be married.

Spouse Ages Husbands are assumed to be 3 years older than their spouse.

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

The actuarial value of assets was reset to market value of assets as of October 1, 2024. Beginning October 1, 2024, the difference between the actual and expected returns on the market value of assets will again be phased in at a rate of 20% per year.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Participant Data Participant census data as of October 1, 2024 was provided by National Employee Benefit Administrators, Inc.

Missing or Incomplete Participant Data The following assumptions were made for missing data elements:

- a. If a date of entry was missing, then this date was estimated to be the first of the year in which a participant first accrued service.
- b. If a date of birth was unknown, then this date was assigned to correspond with an age at entry of 35 years.
- c. Participants with unknown gender are assumed to be male.

As of the valuation date, there were 9 non-retired participants with an unknown date of birth.

There were no non-retired participants with unknown gender.

Financial Information Financial data for the Plan Year ended September 30, 2024 was supplied by Legacy Professionals, LLP.

Nature of Actuarial Calculations The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Unfunded Vested
Benefits for
Employer
Withdrawals***

Valued using a discount rate of 6.75% per annum (same as fund earnings assumption used to determine other plan costs and liabilities) and the market value of assets.

The withdrawal liability discount rate was selected in consideration of the purpose of the measurement (a settlement calculation) and factors that are particular to the Plan and the industry. The ultimate selection of the discount rate is our best estimate and reflects professional judgment.

***Changes in
Assumptions and
Methods***

Since the prior valuation, the following assumptions and methods have been changed:

- The actuarial value of assets was reset to the market value of assets. Beginning October 1, 2024, the difference between the actual and expected returns on the market value of assets will be phased in over a 5-year period, with a maximum deviation of 20% away from the market value of assets.

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees of the I.B.E.W. Local 1579 Pension Plan
EIN / PN:	58-1254974 / 001
Plan Year:	Beginning October 1, 2024 and ending September 30, 2025
Plan Name:	I.B.E.W. Local 1579 Pension Plan (the "Plan")
Enrolled Actuary:	Kenneth N. Densmore
Enrollment Number:	23-08324

The actuarial assumptions and methods are individually reasonable and in combination represent the enrolled actuary's best estimate of anticipated experience under the plan.

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information as reported to Horizon Actuarial Services, LLC by Legacy Professionals, LLP during the period October 1, 2024 through September 30, 2025.

Attached as separate exhibits are:

1. A list of withdrawal liability payments included in contributions and the dates such amounts were contributed, as required under Line 3.
2. A statement of actuarial assumptions and cost methods, as required under Line 6.
3. A summary of principal eligibility and benefit provisions, as required under Line 6, including a summary of changes in principal eligibility or benefit provisions.
4. A schedule of projected expected benefit payments, as required under Line 8b(1).
5. A schedule of the active plan participant data used in the valuation for 2024 plan year, as required under Line 8b(2).
6. A schedule of projection of employer contributions and withdrawal liability payments, as required under Line 8b(3).
7. A schedule of amortization bases, as required under Lines 9c and 9h.

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SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	11,094.	11,119.
PREPAID EXPENSE	7,276.	5,636.
TOTAL TO SCHEDULE H, LINE 1B(3)	18,370.	16,755.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
HEDGE FUNDS	6,514,994.	2,303,069.
TOTAL TO SCHEDULE H, LINE 1C(15)	6,514,994.	2,303,069.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
INSURANCE		18,715.
MISCELLANEOUS		5,763.
PBGC FEES		58,349.
PRINTING AND POSTAGE		11,491.
SECRETARIAL FEES		7,200.
TOTAL TO SCHEDULE H, LINE 2I(11)		101,518.

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

Projection of Expected Benefit Payments

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	4,205,799	2,228,682	8,772,225	15,206,706
2025	3,355,963	2,074,420	8,640,136	14,070,519
2026	3,436,460	2,201,823	8,487,209	14,125,492
2027	3,674,179	2,296,450	8,324,274	14,294,903
2028	3,546,561	2,395,182	8,158,216	14,099,959
2029	3,480,172	2,504,356	7,981,007	13,965,535
2030	3,513,200	2,514,343	7,792,211	13,819,754
2031	3,651,234	2,507,829	7,591,465	13,750,528
2032	3,758,399	2,567,010	7,378,499	13,703,908
2033	3,920,401	2,613,623	7,153,167	13,687,191
2034	4,096,335	2,613,637	6,915,496	13,625,468
2035	4,189,763	2,604,232	6,665,710	13,459,705
2036	4,185,822	2,594,472	6,404,232	13,184,526
2037	4,164,991	2,597,022	6,131,713	12,893,726
2038	4,252,212	2,542,246	5,849,034	12,643,492
2039	4,306,442	2,442,845	5,557,314	12,306,601
2040	4,305,876	2,395,886	5,257,891	11,959,653
2041	4,239,564	2,414,458	4,952,336	11,606,358
2042	4,271,963	2,436,109	4,642,427	11,350,499
2043	4,384,042	2,381,424	4,330,100	11,095,566
2044	4,474,482	2,289,164	4,017,416	10,781,062
2045	4,434,202	2,230,426	3,706,538	10,371,166
2046	4,349,031	2,172,860	3,399,662	9,921,553
2047	4,310,613	2,128,084	3,098,971	9,537,668
2048	4,298,608	2,074,827	2,806,579	9,180,014



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

Projection of Expected Benefit Payments (cont.)

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	4,251,252	2,011,496	2,524,504	8,787,252
2050	4,177,462	1,930,511	2,254,642	8,362,615
2051	4,108,021	1,843,449	1,998,694	7,950,164
2052	4,044,012	1,767,933	1,758,150	7,570,095
2053	3,966,098	1,691,449	1,534,229	7,191,776
2054	3,872,784	1,610,764	1,327,821	6,811,369
2055	3,769,622	1,523,256	1,139,471	6,432,349
2056	3,660,610	1,434,162	969,408	6,064,180
2057	3,543,388	1,348,057	817,517	5,708,962
2058	3,416,258	1,262,191	683,377	5,361,826
2059	3,281,764	1,176,700	566,287	5,024,751
2060	3,142,543	1,092,539	465,293	4,700,375
2061	3,000,011	1,011,140	379,244	4,390,395
2062	2,855,615	932,987	306,839	4,095,441
2063	2,710,704	858,488	246,681	3,815,873
2064	2,567,036	787,841	197,326	3,552,203
2065	2,425,661	721,495	157,336	3,304,492
2066	2,287,439	659,470	125,322	3,072,231
2067	2,152,806	601,776	99,981	2,854,563
2068	2,022,134	548,294	80,121	2,650,549
2069	1,895,585	498,874	64,688	2,459,147
2070	1,773,252	453,293	52,773	2,279,318
2071	1,655,179	411,300	43,600	2,110,079
2072	1,541,374	372,630	36,532	1,950,536
2073	1,431,817	337,012	31,059	1,799,888

Schedule MB, Line 8b(3)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning October 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 6,649,848	\$ 0	\$ 6,649,848
2025	6,649,848	0	6,649,848
2026	6,649,848	0	6,649,848
2027	6,649,848	0	6,649,848
2028	6,649,848	0	6,649,848
2029	6,649,848	0	6,649,848
2030	6,649,848	0	6,649,848
2031	6,649,848	0	6,649,848
2032	6,649,848	0	6,649,848
2033	6,649,848	0	6,649,848



Schedule MB, Line 3

Withdrawal Liability Amounts

No withdrawal liability payment amounts are included in the contributions shown on Line 3. The contributions shown in Line 3(a) were made throughout the Plan Year (beginning October 1, 2024 and ending September 30, 2025).



Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **09/30/2025**

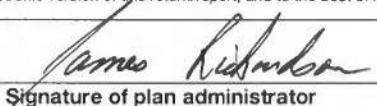
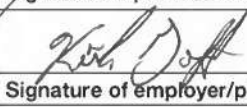
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a 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 1579 PENSION PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 08/28/1975
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) I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES 8657 BAYPINE ROAD, SUITE 200 JACKSONVILLE FL 32256-8634	2b Employer Identification Number (EIN) 58-1254974 2c Plan Sponsor's telephone number 800-842-5899 2d Business code (see instructions) 238210

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

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

SIGN HERE 	3-4-26	JAMES RICHARDSON
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	3/4/26	KEITH GOFF
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

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

Form 5500 (2024)
v. 240311

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 1,577
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) (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) 684 6a(2) 694 6b 449 6c 358 6d 1,501 6e 90 6f 1,591 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 32
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1F	

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
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached ____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) - Number Attached ____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Plan Name I.B.E.W. Local 1579 Pension Plan Plan No. 001
Plan Sponsor I.B.E.W. Local 1579 Pension Plan Board of Trustees EIN: 58-1254974
Y/E 09/30/25

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	BNYM MELLON AFL-CIO SL BROAD MKT STK IDX	62,000,000				62,000,000	62,000,000	
	IFM GLOBAL INFRASTRUCTURE (US)	20,000,000				20,000,000	20,000,000	
	IR&M CORE PLUS BOND COLLECTIVE FUND	88,000,000				88,000,000	88,000,000	
	ISHARES TR BARCLAYS AGGREGATE BD		88,655,933			88,144,815	88,144,815	511,118

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
ISHARES CORE INTL STOCK ETF	0	2	0	16,138,012	2,083,751
ISHARES TR 1000 ETF	0	2	0	62,958,242	20,702,321

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 10/01/2024 and ending 09/30/2025

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 1579 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 I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-1254974

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

1a Enter the valuation date: Month 10 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 216,467,706
(2) Actuarial value of assets for funding standard account	1b(2) 216,467,706
c (1) Accrued liability for plan using immediate gain methods	1c(1) 178,822,171
(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) 178,822,171
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) 252,853,317
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 7,176,203
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 15,812,258
(3) Expected plan disbursements for the plan year	1d(3) 15,047,029

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

SIGN HERE  Signature of actuary KENNETH N. DENSMORE Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC Firm name 990 Hammond Drive Suite 220 ATLANTA GA 30328 Address of the firm	3/26/2026 Date 2308324 Most recent enrollment number 678-317-4100 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2024 v. 240311

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	3.85 %
	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)	6P
(2) Females	6c(2)	6FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ 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)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	11.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.7 %
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)	321,097
(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	-2,555,364	-258,690
5	-9,252,905	-1,219,881

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

(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	
b Employer's normal cost for plan year as of valuation date	9b	3,874,712

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)	44,553,068
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	751,935
e Total charges. Add lines 9a through 9d	9e	11,891,707

Credits to funding standard account:		
f Prior year credit balance, if any	9f	59,002,300
g Employer contributions. Total from column (b) of line 3	9g	11,161,207

h Amortization credits as of valuation date	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9h	23,196,303
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	26,934,601
(2) "RPA '94" override (90% current liability FFL)	9j(2)	13,768,143
(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	77,664,877
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	65,773,170
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	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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