

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 09/01/2024 and ending 08/31/2025	
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 LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/07/1965
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) IBEW LOCAL UNION NO. 124 PENSION TRUST FUND 305 E. 103RD TERRACE KANSAS CITY, MO 64114
2b	Employer Identification Number (EIN) 43-0817626
2c	Plan Sponsor's telephone number 816-943-0277
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.	06/15/2026	BO MORENO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4149
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) 2230 6a(2) 2514 6b 1148 6c 546 6d 4208 6e 224 6f 4432 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 90

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 09/01/2024 and ending 08/31/2025

- ▶ 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 LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IBEW LOCAL UNION NO. 124 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-0817626

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

1a Enter the valuation date: Month 09 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 352205019
(2) Actuarial value of assets for funding standard account	1b(2) 346689182
c (1) Accrued liability for plan using immediate gain methods	1c(1) 340313079
(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) 314480140
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) 463580762
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 11412635
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 20748237
(3) Expected plan disbursements for the plan year	1d(3) 21782613

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	05/20/2026
Signature of actuary MICHAEL J. NOBLE	Date 23-06711
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 877-243-4766
Firm name 230 W. MONROE ST. SUITE 650 CHICAGO, IL 60606	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	352205019
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1407	226576008
(2) For terminated vested participants	566	37238008
(3) For active participants:		
(a) Non-vested benefits		17551883
(b) Vested benefits		182214863
(c) Total active	2230	199766746
(4) Total	4203	463580762
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
03/01/2025	20176275				
Totals ▶			3(b)	20176275	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	110.2 %
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	3.81 %
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)	9P	9P	
(2) Females	6c(2)	9FP	9FP	
d Valuation liability interest rate	6d	6.60 %	6.60 %	
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)	6.50 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	65697		
(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	13749912	1380628

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	4099567

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)	92706840	14093341
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1200732**e** Total charges. Add lines 9a through 9d.....**9e** 19393640**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 85740694**g** Employer contributions. Total from column (b) of line 3.....**9g** 20176275**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	6966146	1489125

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 6412347**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

9j(1)	88972792
9j(2)	77315456

9j(3)**k** (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 113818441**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 94424801**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)

(3) Total as of valuation date

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 09/01/2024 and ending 08/31/2025		
A Name of plan LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 124 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-0817626	

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
ASB CAPITAL MANAGEMENT, LLC
80-0618452

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAIRD ADVISORS
39-6037917

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL TRUST COMPANY
12 GILL STREET, SUITE 2600 WOBURN, MA 01801

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MARCO CONSULTING GROUP
36-3555078

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

NEWTOWER MULTI-EMPLOYER PROP TRUST

52-6218800

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

PIMCO

33-0629048

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

STATE STREET GLOBAL ADVISORS TR CO

81-4017137

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

ALLIANCE BERNSTEIN LP

13-4064930

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

FRANKLIN TEMPLETON

80-0733663

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

GROSVENOR CAPITAL MANAGEMENT, LP

36-3795985

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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)

SYSTEMATIC FINANCIAL MGMT, LP

22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	287335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGULER GUFF & COMPANY LP

825 THIRD AVENUE, 10TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	314900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IBEW BENEFIT CENTER

46-1662293

(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 15 50	PARTY-IN-INTEREST	193946	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)

NEW TOWER ADVISORS

52-6218800

(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?
18 51	NONE	183827	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ARNOLD, NEWBOLD, SOLLARS & HOLLINS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	98657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROSVENOR INSTITUTIONAL PARTNERS, L

36-4336976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	334290	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

NATIONAL REAL ESTATE ADVISORS

26-2237421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	73522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE ADVISORS LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	83296	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)

SEGAL MARCO ADVISORS

36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	87786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FCI ADVISORS

43-1703335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	69164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MESIROW

36-3429602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67183	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BROTHERHOOD BANK AND TRUST

48-0150325

(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?
18 19 50	NONE	59198	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
50 53	NONE	41918	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RUBINBROWN, LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25150	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 S. LENOLA RD.
MAPLE SHADE, NJ 08052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	39166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSTRUCTION BENEFITS AUDIT CORP

43-1244218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UMB

1010 GRAND BOULEVARD
KANSAS CITY, MO 64106

(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?
18 50 99	NONE	5272	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)

LOOMIS, SAYLES & CO, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	107619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARTNERS GROUP

13-4118892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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 09/01/2024 and ending 08/31/2025		
A Name of plan LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 124 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-0817626	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20384737
a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 31-1772714-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87066291
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDING LOEVNER INT'L EQUITY FUND		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - HARDING LOEVNER		
c EIN-PN 26-6075499-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32679676
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTISECTOR FULL DISCRETION TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES		
c EIN-PN 04-3200030-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15675351
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 09/01/2024 and ending 08/31/2025

A Name of plan LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 124 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-0817626

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	109139	46098925
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1876449	2947479
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	387161	435894
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	7548030	7219230
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14786892	15900664
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	38276101	39245545
(5) Partnership/joint venture interests	1c(5)	46236024	51685858
(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)	155806055	169234891
(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)	117	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	88095456	51397527
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	20700	20700

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	353142124	384186713
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	201952	343355
i Acquisition indebtedness	1i		
j Other liabilities	1j	735153	1616278
k Total liabilities (add all amounts in lines 1g through 1j)	1k	937105	1959633
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	352205019	382227080

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)	20176275	
(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)		20176275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	277286	
(C) Corporate debt instruments	2b(1)(C)	593138	
(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)		870424
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	748730	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3379626	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4128356
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	76681741	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	76426006	
(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)	3799022	
(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)		14026862
(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)		9027739
c Other income	2c		22034
d Total income. Add all income amounts in column (b) and enter total	2d		52306447

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19949103	
(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)		19949103
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)	193946	
(3) Recordkeeping fees	2i(3)	13959	
(4) IQPA audit fees	2i(4)	25150	
(5) Investment advisory and investment management fees	2i(5)	1614391	
(6) Bank or trust company trustee/custodial fees	2i(6)	64470	
(7) Actuarial fees	2i(7)	83296	
(8) Legal fees	2i(8)	98657	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	241414	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2335283
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22284386

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30022061
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 597989.

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 09/01/2024 and ending 08/31/2025					
A Name of plan LOCAL UNION NO. 124 I. B. E. W. PENSION TRUST FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION NO. 124 PENSION TRUST FUND				D Employer Identification Number (EIN) 43-0817626	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 39-6436442					
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 **ELECTRIC CORPORATION OF AMERICA**

b EIN **43-0959058**

c Dollar amount contributed by employer **3935782**

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 **04** Day **29** Year **2000**

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 **ENERFAB, INC**

b EIN **31-0217488**

c Dollar amount contributed by employer **3462814**

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 **04** Day **01** Year **2000**

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 **CUPERTINO ELECTRIC INC**

b EIN **94-1403967**

c Dollar amount contributed by employer **3274145**

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 **04** Day **29** Year **2000**

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 **MARK ONE ELECTRIC CO INC**

b EIN **43-1058223**

c Dollar amount contributed by employer **2676268**

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 **04** Day **29** Year **2000**

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 **CAPITAL ELECTRIC CO., INC.**

b EIN **91-2094074**

c Dollar amount contributed by employer **2660241**

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 **04** Day **29** Year **2000**

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

169

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

175

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

0

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

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

15a

0.97

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

15b

0.96

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

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

16a

16

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

0

- 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: 40.0 % Private Equity: 43.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.0 %

High-Yield Debt: 0.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 UNION NO. 124
PENSION PLAN
FINANCIAL STATEMENTS
AUGUST 31, 2025

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Independent Auditors' Report

Board of Trustees
I.B.E.W. Local Union No. 124 Pension Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of I.B.E.W. Local Union No. 124 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of August 31, 2025 and 2024, and the related statement 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 Union No. 124 Pension Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 I.B.E.W. Local Union No. 124 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local Union No. 124 Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities For The Audit Of The Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of I.B.E.W. Local Union No. 124 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local Union No. 124 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of August 31, 2025 and reportable transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 auditing standards generally accepted in the United States of America.

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.

RubinBrown LLP

June 3, 2026

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	August 31,	
	2025	2024
Assets		
Investments - At Fair Value		
U.S. Treasury securities	\$ 7,172,318	\$ 7,498,602
U.S. Government agency security	46,912	49,428
Corporate obligations	15,900,664	14,786,892
Corporate stocks	39,245,545	38,276,101
Mutual funds	51,397,527	88,095,456
Limited partnerships	39,966,204	38,768,684
Limited liability company	3,704,528	—
Joint venture/partnership	8,015,126	7,467,340
Common/collective trusts	169,234,891	155,806,055
103-12 investment entity	—	117
Total Investments - At Fair Value	334,683,715	350,748,675
Receivables		
Interest and dividends	435,894	387,161
Employer contributions	2,947,479	1,876,449
Total Receivables	3,383,373	2,263,610
Cash	46,098,925	109,139
Refundable Deposits	20,700	20,700
Total Assets	384,186,713	353,142,124
Liabilities		
Accounts payable	343,355	201,952
Due to other funds	943	—
Reciprocal transfers	1,615,335	735,153
Total Liabilities	1,959,633	937,105
Net Assets Available For Benefits	\$ 382,227,080	\$ 352,205,019

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended August 31,	
	2025	2024
Additions To Net Assets Available For Benefits Attributed To:		
Employer contributions	\$ 29,326,001	\$ 19,646,927
Less: reciprocal transfers	(9,149,726)	(2,720,537)
Other income (expense)	22,034	(283,444)
Total Additions	20,198,309	16,642,946
Deductions From Net Assets Available For Benefits Attributed To:		
Benefits paid	19,949,103	18,779,810
Expenses		
Investment management and consulting expenses	1,591,011	1,244,703
Insurance	199,114	204,778
Office salaries and benefits	133,344	133,506
Legal fees	100,373	125,026
Actuarial expenses	83,296	85,158
Bank custodian fees	65,959	61,824
Data processing services	56,933	31,823
Employer field and financial audit fees	39,766	33,727
Other expenses	42,589	21,953
Rent	13,446	14,401
Postage	5,011	7,658
Equipment expense	2,018	1,018
Telephone and utilities	1,199	1,160
Office supplies	1,228	866
Total Expenses	2,335,287	1,967,601
Total Deductions	22,284,390	20,747,411
Investment Income		
Net change in fair value of investments	27,109,362	38,646,756
Interest and dividends	4,998,780	3,543,032
Net Investment Income	32,108,142	42,189,788
Net Increase	30,022,061	38,085,323
Net Assets Available For Benefits - Beginning Of Year	352,205,019	314,119,696
Net Assets Available For Benefits - End Of Year	\$ 382,227,080	\$ 352,205,019

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 31, 2025 And 2024

1. General Information

Description Of The Plan

The following description of the I.B.E.W. Local Union No. 124 Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan was formed in 1965 under an agreement between the Greater Kansas City Chapter, National Electrical Contractors Association (N.E.C.A.) and Local Union No. 124, International Brotherhood of Electrical Workers (I.B.E.W.). The Plan is a defined benefit pension plan covering participants who work under the terms of the collective bargaining agreements within the jurisdiction of Local Union No. 124 of the International Brotherhood of Electrical Workers. Certain employees of I.B.E.W., I.B.E.W. - N.E.C.A. Benefit Center, Inc. and the Electrical Joint Apprenticeship and Training Fund are also eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

Notes To Financial Statements *(Continued)*

Pension Benefits

A participant entitled to a regular monthly pension benefit is one who has attained normal retirement age of 62 and (1) has at least 15 pension credits as of September 1, 1976 or (2) has at least 10 pension credits with one pension credit based on service in covered employment after August 31, 1975 and has at least 400 hours in a Plan credit year after attaining age 52. The Plan permits participants who meet specific requirements to retire before age 62. Pension benefits are reduced when retirement occurs between ages 55 to 60. A participant may be eligible for a deferred pension benefit if the participant meets the vested service or pension credits requirement. A participant has a nonforfeitable right to a pension benefit with 5 or 10 years of vested service determined based on service dates. Effective September 1, 2015, the monthly pension is determined based on a benefit accrual rate of \$53 per pension credit for participants who retire on or after September 1, 2015, and have no break in service, as defined. In addition, effective September 1, 2015, all pensioners receiving a benefit prior to September 1, 2015, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 3.9% in their pension amounts. Effective September 1, 2018, the monthly pension amount is determined based on a benefit accrual rate of \$54 per pension credit for participants who retire on or after September 1, 2018, and have no break in service, as defined. In addition, effective September 1, 2018, all pensioners receiving a benefit prior to September 1, 2018, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 1.9% in their pension amounts. A participant receiving regular or early retirement pension benefits is entitled to a social security supplemental benefit until age 65. This supplemental benefit is \$10 per pension credit with a reduction in benefit for participants retiring before age 60. Effective September 1, 2021, the monthly pension amount is determined based on a benefit accrual rate of \$56 per pension credit for participants who retire on or after September 1, 2021, and have no break in service, as defined. In addition, effective September 1, 2021, all pensioners receiving a benefit prior to September 1, 2021, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 3.7% in their pension amounts. Effective September 1, 2022, the monthly pension amount is determined based on a benefit accrual rate of \$57 per pension credit for participants who retire on or after September 1, 2022, and have no break in service, as defined. Effective September 1, 2022, all pensioners receiving a benefit prior to September 1, 2022, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 1.786% in their pension amounts. Effective September 1, 2023, the monthly pension amount is determined based on a benefit accrual rate of \$58 per pension credit for participants who retire on or after September 1, 2023, and have no break in service, as defined. Effective September 1, 2024, the monthly pension amount is determined based on a benefit accrual rate of \$59 per pension credit for participants who retire on or after September 1, 2024, and have no break in service, as defined.

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Notes To Financial Statements *(Continued)*

Effective September 1, 2023, all pensioners receiving a benefit prior to September 1, 2023, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 1.754% in their pension amounts. Effective September 1, 2024, all pensioners receiving a benefit prior to September 1, 2024, with the exception of those receiving a deferred pension or a beneficiary receiving a deferred pension, received an increase of 1.724% in their pension amounts.

Subject to certain limitations, a participant may elect to receive pension benefits in the form of a single life annuity with 60 months guaranteed, 50% husband and wife pension, a 75% joint and survivor annuity, a 100% joint and survivor annuity, or lump sum.

Death And Disability Benefits

If a participant with at least four pension credits dies at any age before retirement, a death benefit may be paid to the participant's designated beneficiary equal to \$1,000 for each pension credit. However, if the deceased participant has a surviving spouse who is eligible for the Pre-Retirement Surviving Spouse Pension or the sixty-month guarantee of pension payments, the surviving spouse shall be given the choice as to which benefit is to be paid. Only one of such benefits shall be payable from the Plan.

A participant who becomes permanently and totally disabled, as defined, and meets the service requirements is entitled to disability benefits based on the pension credits accumulated as of the date of disability and the accrual rate for the regular retirement benefit, with a minimum \$400 monthly benefit. At age 62, the disability benefit converts to a regular pension benefit and the participant may elect any form of benefit that is available to any other participant at normal retirement age.

Contributions

Employers of participants contribute to the Plan for each hour worked by the participants in covered employment and at rates negotiated through collective bargaining agreements. For the years ended August 31, 2025 and 2024, the effective hourly contribution rate ranged from \$1.90 to \$4.25.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended August 31, 2025 and 2024 met the minimum funding requirements of ERISA, after consideration of the Plan's accumulated credit balance resulting from excess contributions above the minimum required contributions in previous years.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount management expects to collect from outstanding balances, less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This estimate considers historical experience, current conditions and, when applicable, reasonable and supportable forecasts. The Plan has concluded that no allowance for current expected credit losses was necessary at August 31, 2025 or 2024.

Investment Valuation And Revenue Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for further discussion on fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on pension credits accumulated, which are determined based on annual hours worked. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

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Notes To Financial Statements (*Continued*)

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of September 1, 2024 and 2023 are as follows:

	2024	2023
Rate Of Return	6.60%	6.85%
Mortality	Healthy annuitants: Pri-2012 Headcount Weighted Blue Collar Mortality Table, and projected using MP-2020 on a generational basis for NonDisabled Participants	Healthy annuitants: Pri-2012 Headcount Weighted Blue Collar Mortality Table, and projected using MP-2020 on a generational basis for NonDisabled Participants
	Disabled annuitants: Pri-2012 Headcount Weighted Mortality Table and projected using MP-2020 on a generational basis for Disabled Participants	Disabled annuitants: Pri-2012 Headcount Weighted Mortality Table and projected using MP-2020 on a generational basis for Disabled Participants

Future Benefit Accrual Assumed 1.0 pension credit per year per active participant.

The valuations reflect annual deductions of \$680,000 and \$620,000 for anticipated administrative expenses associated with providing benefits for 2025 and 2024, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of September 1, 2024 and 2023. Had the valuations been performed as of August 31, there would be no material differences.

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Notes To Financial Statements (*Continued*)

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial report was prepared as of September 1, 2024. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 179,068,080
Other vested benefits	135,167,736
Total vested benefits	<u>314,235,816</u>
Non-vested benefits	<u>12,823,530</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 327,059,346</u></u>

The changes in the present value of the accumulated plan benefits during the valuation year ended September 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits,	
beginning of year	\$ 304,965,798
Factors that affected change in the actuarial present value of	
accumulated plan benefits:	
Plan amendments	4,693,883
Assumption change	8,241,053
Benefits accumulated and actuarial experience losses	7,258,398
Administrative expenses	(722,898)
Interest accrual	20,616,721
Change in administrative expense load assumption	786,201
Benefits paid	<u>(18,779,810)</u>
Actuarial present value of accumulated plan benefits,	
end of year	<u><u>\$ 327,059,346</u></u>

4. Related Party Transactions

The Plan, along with other employee benefit plans of I.B.E.W., entered into an agreement with I.B.E.W. - N.E.C.A. Benefit Center, Inc. (BCI).

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Notes To Financial Statements (*Continued*)

Under the agreement, BCI performs certain administrative services for the plans. The expenses incurred by BCI to provide the administrative services, including salaries and related benefits, rent, utilities and office supplies, are charged to the plans. In 2025 and 2024, BCI charged the Plan \$182,717 and \$207,822, respectively, for these administrative expenses. The amount due to BCI at August 31, 2025 and 2024 was \$14,496 and \$22,214, respectively, related to the administrative services provided by BCI and is included in accounts payable in the statement of net assets available for benefits.

5. Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter dated September 22, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the letter of determination. However, the Plan Administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

6. Fair Value Measurements

The Plan utilizes an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Notes To Financial Statements (*Continued*)

- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Corporate Stocks, Corporate Obligations, U.S. Treasury Securities And U.S. Government Agency Security

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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Notes To Financial Statements *(Continued)*

Common/Collective Trusts, Joint Venture/Partnership, Limited Partnerships And Limited Liability Company

Valued at the NAV or NAV equivalent of units of the individual funds. The NAV or NAV equivalent, as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV or NAV equivalent is based on the fair value 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 NAV or NAV equivalent.

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

There have been no changes in the methodologies used at August 31, 2025 or 2024.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025:

	Level 1		Level 2		Level 3		Total
U.S. Government agency security	\$	—	\$	46,912	\$	—	\$ 46,912
U.S. Treasury security		—		7,172,318		—	7,172,318
Corporate obligations		—		15,900,664		—	15,900,664
Corporate stocks		39,245,545		—		—	39,245,545
Mutual funds		51,397,527		—		—	51,397,527
Total Assets In The Fair							
Value Hierarchy	\$	90,643,072	\$	23,119,894	\$	—	113,762,966
Limited partnerships measured at net asset value {a}							39,966,204
Limited liability company measured at net asset value {a}							3,704,528
Joint venture/partnership measured at net asset value {a}							8,015,126
Common/collective trusts measured at net asset value {a}							169,234,891
Total investments at fair value	\$				\$		334,683,715

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Notes To Financial Statements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2024:

	Level 1	Level 2	Level 3	Total
U.S. Government agency securities	\$ —	\$ 49,428	\$ —	\$ 49,428
U.S. Treasury security	—	7,498,602	—	7,498,602
Corporate obligations	—	14,786,892	—	14,786,892
Corporate stocks	38,276,101	—	—	38,276,101
Mutual funds	88,095,456	—	—	88,095,456
Total Assets In The Fair				
Value Hierarchy	\$ 126,371,557	\$ 22,334,922	\$ —	148,706,479
Limited partnerships measured at net asset value {a}				38,768,684
Joint venture/partnership measured at net asset value {a}				7,467,340
Common/collective trusts measured at net asset value {a}				155,806,055
103-12 investment entity measured at net asset value {a}				117
Total investments at fair value				<u>\$ 350,748,675</u>

{a} Certain investments that are measured at fair value using the net asset value per share / unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Included within the investments in common/collective trusts are the following:

- NewTower Trust Company Multi-Employer Property Trust, which is able to be redeemed quarterly and which has a stated objective of creating a diversified portfolio of institutional-quality, income-producing real estate to provide competitive long-term risk-adjusted investment returns.
- IBEW-NECA Equity Index Fund, which is able to be redeemed daily and which has a stated objective of replicating, as nearly as practical, the performance of the Standard & Poor's 500 index.
- Harding Loevner International Equity Collective Investment Fund Class A, of which 1% is able to be redeemed with 1-day prior notice, and 10 days' notice when the amount is greater than 1% of the total value of the participating plan's units. This investment seeks superior long-term returns from a portfolio of well managed, financially strong companies in growing businesses that have clear competitive strategy.

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Notes To Financial Statements (*Continued*)

- Loomis, Sayles & Co. seeks for returns to outperform the Bloomberg Capital U.S. Government/Credit Index.

The Plan's joint venture/partnership investment is in the INDURE Build-to-Core Fund, LLC, which is able to be redeemed quarterly and which has a stated objective of preserving and protecting investor's capital to generate income and to provide the potential for capital appreciation.

The Plan's limited liability company investments is in the Partners Group Private Credit Strategy A, LLC, which is able to be redeemed twice a month and which has a stated objective of directly or indirectly originating loans and otherwise engages in activities typically associated with lending transactions in the United States.

Included within the investments in limited partnerships are the following:

- Grosvenor Institutional Partners, L.P., which is a multi-strategy fund-of-funds that may be redeemed at the end of any calendar quarter with 70 days' notice and which has a stated objective of consistent long-term capital appreciation. This investment was fully redeemed during 2023.
- Mesirow Financial Private Equity Partnership Fund VI, L.P., which has a stated objective of investing funds in private equity limited partnerships. Redemption of the investment in the partnership is only allowed upon approval by the management members of the partnership or upon dissolution of the partnership.
- Siguler Guff Small Buyout Opportunities Fund III and V, LP invests in pooled investment vehicles managed by investment managers and direct investments primarily focused on buyout, recapitalization and growth equity transactions. Redemption of the investment in the partnership is only allowed upon written consent of the General Partner.
- Siguler Guff Small Business Credit Opportunities Fund III, LP will primarily invest in leveraged buyout transactions, but may also invest in refinance, recapitalization and merger transactions. Redemption of the investment in the partnership is only allowed upon written consent of the General Partner.
- Hamilton Lane Strategic Opportunities Offshore Fund IV and Fund VIII LP seeks to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in credit co-investments, direct credit investments, secondary investments and opportunistic equity investments. Redemption of the investment in the partnership is only allowed upon written consent of the General Partner.

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Notes To Financial Statements (*Continued*)

- GCM Grosvenor Multi-Asset Class Master Fund II, LP invests directly or indirectly through one or more intermediate entities as a “GCM Feeder Vehicle” of the master fund. Redemption of the investment in the partnership is only allowed upon written consent of the General Partner.

Commitments

The Plan’s investments in the investment funds noted above include contractual commitments to provide capital contributions over periods of time. As of August 31, 2025, the remaining unfunded capital commitments of the Plan total \$8,777,702 for 6 individual contracts.

7. Plan Termination

Although the Trustees have not expressed any intention to do so, they have the right to discontinue or terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- c. All other vested benefits not insured by PBGC.
- d. All nonvested benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor’s pensions. However, PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

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Notes To Financial Statements (*Continued*)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to contributing employers.

8. Administrative Agreements And Party In Interest Transactions

The Plan has a custodial agreement with Brotherhood Bank & Trust to act as custodian of assets held for investment.

The Plan has an agreement with Cheiron to act as independent actuary and Plan consultant.

The Plan also has agreements with certain investment advisors and investment managers in relation to the Plan's investment portfolio.

These transactions qualify as exempt party in interest transactions.

9. Risks And Uncertainties

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics. 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.

10. Significant Contributing Employers

For the year ended August 31, 2025, contributions from three employers represented 38% of total employer contributions; these employers had outstanding contributions receivable of \$1,001,731. For the year ended August 31, 2024, contributions from two employers represented 31% of total employer contributions; these employer had outstanding contributions receivable of \$414,650.

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value	Cost	Current Value
U.S. Government Agency Security			
FHLM GOLD POOL #Q08017 3% 4/01/42	\$ 51,266	\$ 52,840	\$ 46,912
U.S. Treasury Securities			
U S TREASURY NOTE 4.25% 2/15/28	725,000	729,051	735,962
U S TREASURY NOTE 4.875% 5/31/26	675,000	677,347	679,388
U S TREASURY NOTE 3.75% 4/15/28	500,000	496,621	501,915
U S TREASURY BOND 2.875% 11/15/46	650,000	724,352	473,285
U S TREASURY BOND 2.375% 2/15/42	625,000	594,912	452,394
U S TREASURY BOND 3.625% 5/15/53	500,000	465,160	399,785
U S TREASURY NOTE 1.875% 2/15/41	550,000	519,879	377,977
U S TREASURY BOND 3.375% 8/15/42	425,000	401,310	354,476
U S TREASURY NOTE 4.75% 5/15/55	325,000	317,065	316,163
U S TREASURY NOTE 4% 2/28/30	300,000	304,676	304,206
U S TREASURY NOTE 4% 1/31/29	300,000	301,195	303,762
U S TREASURY BOND 4.25% 2/15/54	325,000	300,155	290,774
U S TREASURY BOND 3.625% 2/15/44	315,000	390,759	267,183
U S TREASURY NOTE 1.625% 5/15/26	250,000	258,390	246,025
U S TREASURY NOTE 4.125% 8/15/44	250,000	240,039	227,100
U S TREASURY BOND 2.5% 2/15/46	325,000	336,285	222,866
U S TREASURY BOND 3.875% 2/15/43	250,000	250,859	222,140
U S TREASURY NOTE 3.625% 5/15/26	200,000	199,789	199,568
U S TREASURY NOTE 1.25% 5/15/50	410,000	324,757	193,195
U S TREASURY NOTE 2.25% 8/15/49	250,000	263,186	154,277
U S TREASURY BOND 4.75% 11/15/43	135,000	140,290	133,750
U S TREASURY NOTE 1% 7/31/28	125,000	124,565	116,127
Total U.S. Treasury Securities		8,360,642	7,172,318
Corporate Obligations			
STATE STREET CORP 4.821% 1/26/34	600,000	252,248	602,346
VERIZON 4.125% 3/16/27	375,000	228,069	375,401
INTERCONT EXCHANGE 1.85% 9/15/32	400,000	300,297	326,765
BROADCOM INC 4.11% 9/15/28	325,000	296,718	324,890
CITIGROUP INC 3.52% 10/27/28	325,000	145,019	320,089
MCDONALDS CORP 3.6% 7/01/30	325,000	201,802	317,194
CVS HEALTH CORP 5.7% 6/01/34	300,000	260,748	309,480
CITIZENS FINL 5.253% 3/05/31	300,000	257,092	306,714
AMGEN INC 3.35% 2/22/32	325,000	172,715	303,059
HUNTINGTON BANCSHARES 2.55% 2/04/30	325,000	115,128	300,872
MORGAN STANLEY 3.875% 1/27/26	300,000	341,371	299,442
STARBUCKS CORP 3% 2/14/32	325,000	158,927	296,943
REGENERON PHARM 1.75% 9/15/30	325,000	227,876	286,042
GENERAL MTRS FINL 5.8% 1/07/29	275,000	326,757	285,541
PROGRESSIVE CORP OHIO 6.25% 12/01/32	250,000	301,308	276,893

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EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**Page 2 Of 7**
August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value	Cost	Current Value
Corporate Obligations (Continued)			
AON PLC 3.875% 12/15/25	\$ 275,000	\$ 170,077	\$ 274,516
GE HEALTHCARE 5.905% 11/22/32	250,000	304,317	267,098
SCHWAB CHARLES 6.196% 11/17/29	250,000	221,704	266,023
TRUIST FINANCIAL CORP V/R 6/06/28	265,000	148,275	264,960
JPMORGAN CHASE & CO V/R 2/04/32	300,000	104,781	263,751
AUTOZONE INC 5.4% 7/15/34	250,000	224,501	256,893
KEYCORP 2.25% 4/06/27	265,000	167,968	256,721
JOHN DEERE CAP CORP 4.7% 6/10/30	250,000	160,000	256,550
BANK OF AMERICA 2.496% 2/13/31	275,000	272,000	254,001
MARSH & MCLENNAN 4.375% 3/15/29	250,000	152,010	252,175
GOLDMAN SACHS 3.8% 3/15/30	250,000	279,598	245,665
META PLATFORMS INC 5.4% 8/15/54	250,000	72,254	239,820
CAPITAL ONE FINL 5.884% 7/26/35	225,000	273,800	234,113
KINDER MORGAN 5.85% 6/01/35	225,000	225,029	233,789
UNION PACIFIC CORP 2.4% 2/05/30	250,000	172,550	232,850
AMERICAN ELEC PWR 5.2% 1/15/29	225,000	186,154	232,022
ELEVANCE HEALTH 5.15% 6/15/29	225,000	306,854	231,674
IDEX CORP 4.95% 9/01/29	225,000	225,205	229,943
DELL INTL LLC/EMC CORP 5.4% 4/15/34	225,000	202,384	229,896
ORACLE CORP 5.5% 8/03/35	225,000	381,994	229,343
QUANTA SVCS INC 4.75% 8/09/27	225,000	248,545	227,437
WELLS FARGO & CO 5.211% 12/03/35	225,000	279,624	226,888
ROPER TECHNOLOGIES IN 4.45% 9/15/30	225,000	259,242	225,466
VULCAN MATLS CO 5.35% 12/01/34	220,000	227,005	225,346
AFLAC INC 3.6% 4/01/30	225,000	206,467	220,084
REGIONS FINANCIAL 1.8% 8/12/28	225,000	129,542	210,305
PNC FINL SVCS 2.55% 1/22/30	225,000	199,960	210,202
INGERSOLL RAND INC 5.45% 6/15/34	200,000	175,320	206,908
HP INC 4.75% 1/15/28	200,000	266,580	202,614
MARRIOTT INTL 5.35% 3/15/35	200,000	352,701	201,924
AT&T INC 1.7% 3/25/26	200,000	231,788	197,076
LOWES COS INC 3.1% 5/03/27	200,000	167,426	196,740
PRUDENTIAL FINANCIAL 3.878% 3/27/28	195,000	314,236	194,928
HOME DEPOT INC 5.875% 12/16/36	175,000	226,982	189,091
BK NY MELLON 5.834% 10/25/33	165,000	55,345	176,303
EXXON MOBIL CORP 3.452% 4/15/51	250,000	225,743	176,273
VMWARE INC 3.9% 8/21/27	175,000	267,460	174,015
MOLSON COORS 3% 7/15/26	175,000	203,671	172,977
HOME DEPOT INC 4.25% 4/01/46	200,000	224,521	167,978
GENERAL ELEC CO 3.45% 5/01/27	165,000	291,914	163,127
SYSCO CORP 5.95% 4/01/30	150,000	115,680	159,543
WILLIAMS COS INC 2.6% 3/15/31	175,000	206,735	158,333

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value/ Units	Cost	Current Value
Corporate Obligations (Continued)			
FIFTH THIRD BANK V/R 11/01/27	\$ 160,000	\$ 224,451	\$ 155,211
MARSH & MCLENNAN 2.375% 12/15/31	175,000	258,925	155,036
DOLLAR GEN CORP 5.45% 7/05/33	150,000	287,089	154,910
COMCAST CORP 3.2% 7/15/36	175,000	137,933	147,471
LOWES COS INC 3.75% 4/01/32	150,000	583,745	142,434
REGIONS FINANCIAL V/R 6/06/30	115,000	156,971	119,703
BOOZ ALLEN HAMILT 5.95% 4/15/35	115,000	105,215	118,348
APPLE INC 4.65% 2/23/46	125,000	265,559	114,338
DUKE ENERGY IND LLC 5.9% 5/15/55	105,000	95,806	106,882
STARBUCKS CORP 4.45% 8/15/49	125,000	258,260	101,860
BURLINGTON NORTHN 3.55% 2/15/50	140,000	401,285	101,097
T MOBILE USA INC 3.875% 4/15/30	100,000	181,849	97,949
UNION PAC CORP 2.891% 4/06/36	100,000	220,671	83,040
GENERAL MTRS FINL CO 5.6% 6/18/31	75,000	215,114	77,456
ORACLE CORP 5.375% 9/27/54	65,000	175,054	57,897
Total Corporate Obligations		16,281,944	15,900,664
Mutual Funds			
FIDELITY MID CAP INDEX - INST	1,173,692	25,859,958	43,261,549
PIMCO TOTAL RETURN INSTL CL	63,861	613,141	557,506
SDIT GOVERNMENT OBLIGATION FD #036	1,677,462	1,677,462	1,677,462
FEDERATED GOVERNMENT OBLIG FD #05	317,690	317,690	317,690
GS FINANCIAL SQUARE GOVERNMENT #465	2,299	2,299	2,299
UMB FID GOVERNMENT INSTL	5,581,021	5,581,021	5,581,021
Total Mutual Funds		34,051,571	51,397,527
Limited Liability Company			
PARTNERS GROUP PRIVATE CREDIT STRATEGY A, LLC	634,379	3,694,273	3,704,528
Limited Partnerships			
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND IV LP		8,562,174	2,092,327
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP		2,159,469	2,327,593
MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP VI, L.P.		1,358,818	7,739,223
SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III, LP		5,672,181	3,460,475
SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V, LP		6,930,000	7,968,913
SIGULER GUFF SMALL BUSINESS CREDIT OPPORTUNITIES FUND III, LP		1,704,500	1,721,904
GCM GROSVENOR MULTI-ASSET CLASS MASTER FUND II, LP		6,877,973	14,655,769
Total Limited Partnerships		33,265,115	39,966,204

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks			
EMCOR GROUP INC	1,440	\$ 77,862	\$ 892,800
MUELLER INDUSTRIES INC	8,850	128,384	849,069
MAGNOLIA OIL & GAS CORP	30,900	477,493	768,792
NORTHWESTERN ENERGY GROUP INC	12,100	525,819	695,871
PIPER SANDLER COS	2,000	97,799	667,580
OSI SYSTEMS INC	2,750	264,738	632,638
WEBSTER FINANCIAL CORP	9,800	290,442	609,756
LSI INDUSTRIES INC	26,100	233,301	598,473
GRANITE CONSTRUCTION INC	5,550	204,712	598,013
ATLANTIC UNION BANKSHARES CORP	16,450	434,976	587,759
ENCOMPASS HEALTH CORP	4,550	174,633	554,008
STRIDE INC	3,200	76,434	522,208
JAZZ PHARMACEUTICALS PLC	3,875	485,923	495,031
SILICON MOTION TECHNOLOGY ADR	6,000	333,202	478,080
TRUSTCO BK CORP N Y	11,900	358,866	473,501
STIFEL FINANCIAL CORP	4,100	77,576	472,689
WAFD INC	15,000	348,286	471,750
URBAN OUTFITTERS INC	7,000	192,577	469,560
REX AMERICAN RESOURCES CORP	7,450	170,075	466,147
UMB FINL CORP	3,750	345,511	457,125
SABRA HEALTH CARE REIT INC	23,150	370,312	442,397
COMFORT SYSTEMS USA	625	13,894	439,613
PROGRESS SOFTWARE CORP	9,300	418,692	430,497
INNOVIVA INC	20,750	288,449	423,923
EVEREST GROUP,LTD.	1,225	307,748	418,803
TOWER SEMICONDUCTOR LTD	7,100	176,411	417,622
EXELIXIS INC	11,100	226,399	415,362
PROVIDENT FINANCIAL SERVICES	20,300	242,211	402,752
OLD REPUBLIC INTL CORP	9,900	159,088	395,703
TAPESTRY INC	3,800	132,864	386,916
KBR INC	7,600	118,725	383,496
MADISON SQUARE GARDEN ENTMT	9,300	367,045	378,603
FIRST CITIZENS BANCSHARES INC	188	57,996	372,975
COLUMBIA BKG SYS INC	13,850	324,791	370,765
DIME COMMUNITY BANCSHARES INC	12,050	284,594	370,658
EASTERN BANKSHARES INC	21,000	327,677	359,310
OWENS CORNING	2,375	144,960	356,654
VISTEON CORP	2,800	230,807	347,088
ABERCROMBIE & FITCH CO	3,600	175,549	336,708
ADEIA INC	22,200	219,424	333,888
FIRST MERCHANTS CORP	8,000	234,258	332,160
KB HOME	5,100	153,723	324,105

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**Page 5 Of 7**
August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
QUANEX BUILDING PRODUCTS COR	\$ 14,850	\$ 260,683	\$ 315,860
COMMERCIAL METALS CO	5,400	101,798	311,418
WILLIAMS SONOMA INC	1,625	62,231	305,809
OVINTIV INC	7,200	243,480	303,264
PERRIGO COMPANY PLC	12,650	422,135	300,311
MADISON SQUARE GARDEN SPORTS C	1,500	258,788	296,760
HEALTHPEAK PROPERTIES INC	16,400	348,882	294,216
APPLE HOSPITALITY REIT INC	22,300	333,720	291,238
UNITED COMMUNITY BANKS BLAIRSVLE GA	8,650	159,155	288,910
HEIDRICK & STRUGGLES INTERNATIONAL	5,550	154,995	281,996
AGREE REALTY CORP	3,800	213,421	276,412
LXP INDUSTRIAL TR	30,250	297,455	274,670
BEACON FINANCIAL CORPORATION	10,450	254,716	273,059
LEIDOS HOLDINGS INC	1,500	89,529	271,380
MKS INSTRUMENT INC	2,600	168,108	268,684
HNI CORP	5,950	202,232	267,393
PORTLAND GENERAL ELECTRIC COMPANY	6,150	265,877	263,097
DELEK US HOLDINGS INC	9,300	234,741	257,703
AMERICAN WOODMARK CORP	3,950	269,461	255,052
SELECTIVE INSURANCE GROUP	3,200	66,964	250,336
BROADSTONE NET LEASE INC	13,150	219,736	244,459
REGAL BELOIT CORP	1,625	121,624	242,661
HAYWARD HLDGS INC	14,550	137,653	233,964
NEWMARK GROUP INC	12,800	156,204	233,088
NOMAD FOODS LTD	14,900	285,097	231,546
VISHAY INTERTECHNOLOGY INC	14,800	217,926	228,808
COHERENT CORP	2,500	92,090	226,175
FIRST COMMUNITY BANCSHARES	5,950	108,711	225,981
SCIENCE APPLICATIONS INTL CO	1,900	163,041	223,630
MASTERCRAFT BOAT HLDGS INC	10,050	200,238	220,497
CHURCHILL DOWNS INC	2,125	77,033	220,426
METALLUS INC.	13,200	186,099	216,876
ASGN INC	3,900	162,424	211,575
COHU INC	10,700	194,879	212,930
VECTRUS INC	3,600	166,860	207,000
OCEANFIRST FINANCIAL CORP	11,250	228,809	206,888
GREIF INC	3,150	208,330	205,727
CURTISS WRIGHT CORP	430	32,442	205,605
KITE RLTY GROUP TR	8,900	188,029	203,098
UNITED FIRE GROUP INC	6,500	168,636	199,810
SPECTRUM BRANDS HOLDINGS INC	3,500	236,805	199,465
ANGIODYNAMICS INC	19,250	250,725	197,505

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

**EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR****Page 6 Of 7
August 31, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
ELBIT SYS LTD	\$ 405	\$ 48,079	\$ 194,485
LA Z BOY INC	5,250	143,359	194,093
HELIX ENERGY SOLUTIONS GRP I	28,550	146,553	188,145
GENCOR INDUSTRIES INC	11,250	168,946	182,925
SONOS INC	13,100	237,088	182,352
UNITED BANKSHARES INC	4,700	143,509	180,198
VILLAGE SUPER MARKET INC	4,950	114,483	179,586
KAISER ALUMINUM CORP	2,300	173,364	179,101
ITRON INC	1,450	74,205	178,263
SMITHFIELD FOODS INC	6,750	135,028	171,653
INMODE LTD ADR	11,450	255,416	171,063
UNIVERSAL DISPLAY CORP	1,225	114,981	169,773
INGLES MKTS INC	2,400	176,279	162,456
LSB INDS INC	19,500	235,583	162,240
ONTO INNOVATION INC	1,525	54,363	161,650
NOBLE CORP PLC	5,600	245,263	161,392
MILLER INDS INC TENN	3,750	118,172	157,838
SPHERE ENTERTAINMENT CO	3,450	134,642	156,320
COMMUNITY HEALTHCARE TRUST INC	10,000	241,526	154,100
INTEGRA LIFESCIENCES HLDGS C	10,150	251,738	153,570
GULFPORT ENERGY CORP	875	155,390	152,276
MADDEN STEVEN LIMITED	5,200	99,293	151,008
PULTE GROUP INC	1,100	38,095	145,222
CATALYST PHARMACEUTICALS INC	7,050	147,278	145,160
BRP INC	2,600	177,302	163,748
CENTERSPACE	2,400	143,523	142,800
DIAMONDROCK HOSPITALITY CO	16,650	147,433	142,524
SEADRILL 2021 LTD	4,450	193,170	142,000
NATIONAL HEALTHCARE CORP	1,200	82,421	136,176
U HAUL HOLDING COMPANY SER N	2,600	82,430	135,824
AMERICAN EAGLE OUTFITTERS NE	10,300	135,080	133,282
AMPHASTAR PHARMACEUTICALS IN	4,350	160,368	133,196
AZENTA INC	4,300	183,043	131,322
HELMERICH & PAYNE INC	6,050	215,808	126,385
OSHKOSH CORP	900	89,640	125,433
ICF INTERNATIONAL INC	1,275	72,295	125,231
SUPERNUS PHARMACEUTICALS INC	2,750	94,283	124,080
ENHABIT INC	15,400	258,976	121,352
DOUGLAS DYNAMICS INC	3,500	85,990	117,845
PIEDMONT REALTY TRUST	13,750	176,667	116,463
PRINCETON BANCORP INC	3,400	108,849	116,144
HARMONIC INC	11,700	91,998	112,553
ACADEMY SPORTS & OUTDOORS	2,100	64,363	112,454
POLARIS INC	1,950	181,038	110,330
SILICOM LTD	6,500	219,993	106,827

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
ACUITY INC	\$ 325	\$ 42,501	\$ 106,102
TEEKAY TANKERS LTD	2,150	92,584	105,715
GENTEX CORP	3,750	75,953	105,037
IPG PHOTONICS CORP	1,200	130,649	98,183
SELECT ENERGY SVCS INC	11,500	86,614	97,980
CROSS CTRY HEALTHCARE INC	7,150	76,681	95,666
AMERICAN PUBLIC EDUCATION INC	3,100	83,360	93,558
HELEN OF TROY CORP LTD	3,550	215,323	87,153
GOLDEN ENTERTAINMENT INC	3,500	116,201	87,045
GIBRALTAR INDUSTRIES INC COM	1,350	40,519	84,496
KULICKE & SOFFA INDUSTRIES INC	2,200	96,275	82,500
HANCOCK WHITNEY CORP	1,250	60,606	78,650
TETRA TECHNOLOGY INC	2,150	11,001	78,302
BOWLERO CORP	6,650	68,365	71,155
KVH INDUSTRIES INC	11,500	131,910	64,744
FTI CONSULTING INC	325	19,283	54,808
PERION NETWORK LTD	5,800	136,895	53,534
ORASURE TECHNOLOGIES INC	15,750	145,627	52,132
SUMMIT HOTEL PROPERTIES	9,200	85,273	50,415
QUIDEL CORP	1,750	108,978	50,207
AMN HEALTHCARE SERVICES INC	2,250	79,575	46,755
BLOOMIN BRANDS INC	6,100	138,820	44,835
COMMUNITY WEST BANCSHARES	2,000	29,242	42,640
HUNTSMAN CORP	3,400	82,303	37,943
OMNICELL INC	1,150	32,677	37,478
MARAVAI LIFESCIENCES HLDGS A	13,050	170,929	31,581
COLUMBUS MCKINNON CORP	2,000	50,450	29,960
MAGNACHIP SEMICONDUCTOR	6,350	66,516	20,003
Total Corporate Stocks		27,578,401	39,245,545
Joint Venture/Partnership			
INDURE BUILD-TO-CORE FUND, LLC	3,288	4,500,017	8,015,126
Common/Collective Trusts			
HARDING LOEVNER INTERNATIONAL EQUITY COLLECTIVE INVESTMENT FUND CL A	1,872,761	18,989,601	36,031,918
IBEW-NECA EQUITY INDEX FUND	663,388	19,447,494	95,543,147
LOOMIS, SAYLES & CO	562,077	15,201,466	16,890,431
NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST	1,629	6,575,835	20,769,395
Total Common/Collective Trusts		60,214,396	169,234,891
Total Investments		\$ 187,999,199	\$ 334,683,715

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended August 31, 2025

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Loss
Single Transaction In Excess Of 5% PIMCO TOTAL RETURN INSTL CL	—	1	\$ —	\$ 46,000,000	\$ —	\$ 46,028,640	\$ 46,000,000	\$ (28,640)

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund
 Plan Sponsor EIN / Plan Number: 43-0817626 / 001
 Attachment D to 2024 Form 5500 Schedule MB

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

Distribution of Active Members by Age and Service as of September 1, 2024																				
Age	Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued	No.	Avg. Accrued	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.	No.	Avg. Accrued Mon. Ben.
Under 25	62	34	52	102	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	56	36	150	139	43	345	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	40	30	168	138	78	394	22	651	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	21	33	102	156	93	426	54	675	28	941	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	11	N/A	69	159	59	437	53	687	57	956	32	1,267	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	6	N/A	39	142	34	430	47	701	48	979	97	1,299	38	1,521	0	N/A	0	N/A	0	N/A
50 to 54	5	N/A	21	135	22	448	29	709	37	1,004	64	1,312	54	1,548	34	1,801	0	N/A	0	N/A
55 to 59	6	N/A	11	N/A	13	N/A	8	N/A	33	1,006	46	1,283	60	1,585	55	1,845	31	2,160	2	N/A
60 to 64	4	N/A	9	N/A	6	N/A	8	N/A	19	N/A	20	1,302	19	N/A	14	N/A	15	N/A	7	N/A
65 to 69	2	N/A	3	N/A	2	N/A	3	N/A	2	N/A	2	N/A	2	N/A	0	N/A	0	N/A	2	N/A
70 & up	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Total	213		624		350		224		224		261		173		104		46		11	2,230

Average Age = 42.82

Average Service = 11.91



Schedule MB, line 6 – Actuarial Assumptions and Methods

Actuarial Assumptions

1. Valuation Date

September 1, 2024

2. Rates of Investment Return

6.60% per annum, net of all investment expenses, for funding and disclosure purposes, compounded annually.

The RPA '94 current liability rate is 3.81%.

(Prior valuation the RPA '94 current liability rate was 2.99%)

3. Rates of Mortality

Funding

Non-Annuitants: Pri-2012 Headcount-Weighted Blue Collar Mortality Table for Employees, projected using MP-2020 on a generational basis.

Healthy Annuitants: Pri-2012 Headcount-Weighted Blue Collar Mortality Table for Healthy Annuitants, projected using MP-2020 on a generational basis.

Disabled Annuitants: Pri-2012 Headcount-Weighted Mortality Table for Disabled Annuitants, projected using MP-2020 on a generational basis.

Based on the available experience, these tables projected to the valuation year reflect the best estimate of mortality experience as of the measurement date. The projection past the valuation date represents a provision of future mortality improvement.

RPA '94 Current Liability

IRS 2024 Generational Mortality

4. Annual Administrative Expenses

The average of the administrative expenses for the last three years, rounded to the nearest \$10,000, payable monthly; \$680,000 payable monthly for the plan year beginning September 1, 2024. Expenses for the plan year beginning September 1, 2021 exclude \$600,000 in one-time legal expenses.

For calculating the Present Value of Accumulated Benefits for FASB ASC 960, the expense assumption is assumed to be \$162.06 per participant for the current plan year and assumed to increase at the rate of 3% per year. Using a projected headcount of current participants, the future stream of administrative expenses was discounted back to the valuation date. The ratio of the present value of administrative expenses to Accrued Liability was 4.00%.

5. Active Participants

All non-retired participants who worked at least 400 hours in the most recent Plan year, and who have accumulated at least one pension credit.

6. Future Benefits Accrual

One pension credit per year per active employee included in the valuation.

7. Family Composition

60% of participants are assumed to be married. Male participants are assumed to be three years older than their female spouses, whereas female participants are assumed to be two years younger than male spouses.



Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund
Plan Sponsor EIN / Plan Number: 43-0817626 / 001
Attachment B to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Actuarial Assumptions and Methods

8. Rates of Turnover

Termination rates for active participants are shown below:

Age	Rate %
< 35	3.00
35 +	5.00

** Termination rates do not apply once a member is eligible for retirement*

9. Rates of Retirement

Retirement rates for active participants are shown below:

Age	Rate %
55-57	5.00
58	7.50
59	15.00
60	20.00
61	25.00
62	40.00
63	30.00
64	30.00
65	100.00

11. Rates of Disability

Sample disability rates for active participants are shown below:

Age	Rate %
20	0.04
25	0.06
30	0.08
35	0.11
40	0.15
45	0.33
50	0.67
55	1.24
60	2.10
65	0.00

10. Retirement Age for Inactive Vested Members

Age 62



Schedule MB, line 6 – Actuarial Assumptions and Methods

12. Rationale of Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27, the justification for the 6.60% discount rate is based on the Trustees' risk preference, Plan's current asset allocation and the investment manager's capital market outlook. Based on the most recent capital market assumption survey, adjustment for inflation, and the Fund's target asset allocation, the 20-year expected return is 7.18%. We therefore conclude that 6.60% is an appropriate assumption for the long-term discount rate. This rate may not be appropriate for calculations other than those relating to Internal Revenue Code (IRC) sections 412, 431, 432, and 404.

The discount rate for Withdrawal Liability purposes was selected to be 6.50% to reflect the future cost of administration of the Fund not captured when an employer withdraws from the Fund and that no future investment risk is borne by withdrawn employers.

For purposes of calculating current liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS Notice based on the historical practice of the Fund.

13. Rationale of Demographic Assumptions

The demographic assumptions are based upon the most recent experience study covering the period from September 1, 2015 to August 31, 2020, that was presented to the Board of Trustees on November 8, 2021.

For purposes of calculating current liability per IRC section 431(c)(6), the static mortality table as described under Regulation §1.431(c)(6)-1 and IRS Notice 2008-85 was used.

14. Changes in Assumptions since Last Valuation

The RPA '94 current liability interest rate was changed from 2.99% to 3.81% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability is the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3). The 2023 table was updated to 2024 as provided by Notice 2023-73.

The discount rate was lowered from 6.85% to 6.60%.

Schedule MB, line 6 – Actuarial Assumptions and Methods

Actuarial Methods

1. Funding Method: Entry Age Normal Method

Under the Entry Age Normal actuarial cost method, the individual Entry Age Normal cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current plan provisions over the participant's expected active working lifetime with the Fund at entry.

At the valuation date the present value of future normal cost is calculated for each individual participant by multiplying the Entry Age Normal cost by the present value of the participant's expected future active working lifetime with the Fund. The cost for each participant is then summed to yield the present value of future normal costs.

The excess of the Present Value of Future Benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the Unfunded Accrued Liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Fund may have a surplus.

2. Asset Valuation Method: Smoothed Market Value Method

The Actuarial Value of Assets is based on the market value with an adjustment to smooth actuarial gains or losses in the market value over the past five years. The asset valuation method calculates the expected market value asset return at the current valuation date using the Fund's actual cash flows and the expected long-term rate of return on assets.

The actuarial investment gain or loss is then determined by subtracting this expected asset value from the actual investment return on the

market value. One-fifth (1/5) of the actuarial gain (actual returns greater than expected) or loss (actual returns less than expected) is then added to the expected asset value along with recognition of actuarial gains/losses over expected return for each of the preceding four years to arrive at the preliminary smoothed Actuarial Value of Assets. There is an exception for the Plan year ending 2009 loss that is recognized at a rate of 10% per Plan year due to statutory funding relief.

If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased/(or reduced) to the bottom/(top) of the 80% to 120% market value corridor.

The asset valuation method was initialized at the market value as of September 1, 2004.

3. Changes in Methods since Last Valuation

None.

Actuarial Models

Cheiron utilizes and relies upon ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. Projected expected results of future valuations in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. As part of the review process for this report, we have performed a number of tests to verify that the results are reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.



I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended August 31, 2025

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Loss
Single Transaction In Excess Of 5% PIMCO TOTAL RETURN INSTL CL	—	1	\$ —	\$ 46,000,000	\$ —	\$ 46,028,640	\$ 46,000,000	\$ (28,640)

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

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 09/01/2024 and ending 08/31/2025

▶ **Round off amounts to nearest dollar.**

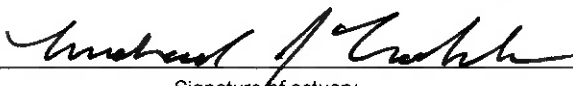
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Local Union NO. I. B. E. W. Pension Trust Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IBEW Local Union NO 124 Pension Trust Fund	D Employer Identification Number (EIN) 43-0817626

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

1a Enter the valuation date: Month 9 Day 1 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 352,205,019
(2) Actuarial value of assets for funding standard account	1b(2) 346,689,182
c (1) Accrued liability for plan using immediate gain methods	1c(1) 340,313,079
(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) 314,480,140
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) 463,580,762
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 11,412,635
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 20,748,237
(3) Expected plan disbursements for the plan year	1d(3) 21,782,613

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		May 20, 2026
Michael J. Noble	Signature of actuary	Date
Cheiron, Inc.	Type or print name of actuary	26-06711
230 W. Monroe St. Suite 650 Chicago	Firm name	Most recent enrollment number (877) 243-4766
IL 60606	Address of the firm	Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	352,205,019
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,407	226,576,008
(2) For terminated vested participants	566	37,238,008
(3) For active participants:		
(a) Non-vested benefits		17,551,883
(b) Vested benefits		182,214,863
(c) Total active	2,230	199,766,746
(4) Total	4,203	463,580,762
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
03/01/2025	20,176,275				
Totals ▶			3(b)	20,176,275	3(c)

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	110.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.81 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.60 %
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)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	656,972
(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	13,749,912	1,380,628

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	4,099,567

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)	92,706,840	14,093,341
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 1,200,732**e** Total charges. Add lines 9a through 9d..... **9e** 19,393,640**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 85,740,694**g** Employer contributions. Total from column (b) of line 3..... **9g** 20,176,275

	Outstanding balance	
h Amortization credits as of valuation date.....	9h	6,966,146
		1,489,125

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 6,412,347**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	88,972,792	
9j(2)	77,315,456	
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** 113,818,441**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 94,424,801**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year **9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date **9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) **9o(2)(b)** 0**(3)** Total as of valuation date **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund
Plan Sponsor EIN / Plan Number: 43-0817626 / 001
Attachment A to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. It is not intended to replace the more precise language of the plan document, and if there is any difference between the description of the Fund herein and the actual text of the plan document, the Plan document will govern.

1. Effective date of Plan

The Fund was established on January 7, 1965

2. Participation

Earliest September 1 or March 1 after completion of 1,000 hours during a 12-consecutive month period, or September 1 after 400 hours of contributions made on the employee's behalf during a Pension Credit Year.

Effective November 30, 2007, all former Intercommunication Plan participants merged into the Fund and commenced participation.

3. Plan year (Pension Credit Year)

September 1 through August 31

4. Year of Vesting Service

One year of vesting service for each Pension Credit Year during the contribution period in which the employee works 1,000 hours.

Vesting service earned by Intercommunication Plan participants subsequent to November 30, 2007, may be combined with pre-merger vesting service to determine eligibility in both pre-merger Intercommunication Plan benefits and post-merger plan benefits.

5. Pension Credits

Hours of Work in Plan Year	Pension Credits
< 400	0.00
400-799	0.40
800-1,199	0.60
1,200-1,599	0.80
1,600+	1.00

Hours over 1,600 in a year are accumulated in a reserve bank and may be credited at retirement with no more than one full pension credit counted for any Plan year.

Post-merger pension credits earned by Intercommunication Plan participants will apply to post-merger benefits only. All prior accrued benefits are frozen as of November 30, 2007.

6. Regular Pension

Eligibility: Age 62 with either 10 pension credits or 5 vesting credits and worked in Covered Employment for at least 400 hours in a Pension Credit Year which began after attainment of age 52.

Amount: \$59.00 per pension credit



Schedule MB, line 6 – Summary of Plan Provisions

7. Early Retirement

Eligibility: Age 55 with 10 pension credits and worked in Covered Employment for at least 400 hours in a Pension Credit Year which began after attainment of age 52.

Amount: Regular Pension accrued, reduced by 5/9% for each month the participant is under age 60.

8. Regular Deferred Pension

Eligibility: Age 62 with either 10 pension credits or 5 vesting credits.

Amount: Accrual rate effective when participant was last active multiplied by pension credits.

9. Early Deferred Pension

Eligibility: Age 55 with 10 pension credits

Amount: Regular Deferred Pension accrued; reduced by 5/9% for each month the participant is under age 60.

10. Disability Retirement

Eligibility: 10 pension credits and at least 400 hours within 24 months of becoming disabled.

Amount: Regular Pension accrued with a \$400 minimum payable until Normal Retirement Age, at which time the benefit converts to a Regular Pension.

11. Social Security Supplemental Pension

Eligibility: Retired or Regular, Early, or Disability pension

Amount: \$10 per pension credit per month, paid between the ages of 55 and 65, reduced by 5/9% for each month the participant is under age 60, with 50% continued to an eligible surviving spouse until the participant would have been age 65.

12. Pre-Retirement Death Benefits

Only one of the following is payable:

Spouse's Benefit:

Eligibility: Five years vesting service, ten pension credits earned during the contribution period or 15 pension credits earned on or after July 1, 1970.

Timing: Immediately for a participant who has 400 or more hours of contributions during the 24-month period immediately preceding the date of death and for a participant retired on a Disability Pension. Immediately for an inactive participant who would have been eligible to begin receiving payment of a pension had he or she retired, or the earliest retirement age for the deceased participant, if later.

Amount: 50% of the benefit the employee would have received reduced for payment under the 50% husband and wife form and further reduced for early retirement (but not lower than age 59 for a participant who has 400 or more hours of contributions during the 24-month period immediately preceding death).



Schedule MB, line 6 – Summary of Plan Provisions

36-Payment Benefit:

Eligibility: 5 years vesting service, or 4 pension credits earned during the contribution period.

Amount: \$1,000 per pension credit, paid in 36 equal monthly installments plus any payment made for the purpose of increasing the value up to the amount of the Pre-retirement Surviving Spouse benefit.

60-Payment Certain:

Eligibility: 5 years vesting service, or 10 pension credits earned during the contribution period.

Amount: Monthly benefit to which the employee would have been entitled had he retired the day before he died, paid in 60 equal monthly installments plus any payment made for the purpose of increasing the value up to the amount of the Pre-Retirement Surviving Spouse benefit.

13. Forms of Payment

The normal forms of payment are the following:

- Qualified Joint and Survivor Annuity, which under the Fund is a 50% Husband-and-Wife Pension with a “pop-up” feature, for married participants. The “pop-up” feature increases the participant’s retirement benefit to the amount that would have been payable had the Joint and Survivor payment option not been elected if the spouse predeceases the participant.
- Single Life Annuity with 60 months guaranteed for single participants.

The optional forms of payment are the following:

- Single Life Annuity with 60 months guaranteed
- 100% Joint and Survivor Annuity with a “pop-up” feature, for married participants
- 75% Joint and Survivor Annuity with a “pop-up” feature, for married participants
- 25% Partial Lump-Sum Payment Option
- Level Income (Social Security) Option

Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund
Plan Sponsor EIN / Plan Number: 43-0817626 / 001
Attachment A to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

14. Contribution Rates

\$2.60 per hour effective August 30, 1999
\$2.65 per hour effective September 4, 2000
\$2.70 per hour effective August 27, 2001
\$2.75 per hour effective August 26, 2002
\$2.85 per hour effective September 29, 2003
\$2.95 per hour effective August 30, 2004
\$3.25 per hour effective September 4, 2006
\$3.60 per hour effective September 1, 2009
\$4.00 per hour effective September 1, 2013
\$4.25 per hour effective September 1, 2023

15. Changes in Plan Provisions since Last Valuation

The pension crediting rate was increased from \$58 to \$59 per pension credit.



I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 1 Of 7
August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value	Cost	Current Value
U.S. Government Agency Security			
FHLM GOLD POOL #Q08017 3% 4/01/42	\$ 51,266	\$ 52,840	\$ 46,912
U.S. Treasury Securities			
U S TREASURY NOTE 4.25% 2/15/28	725,000	729,051	735,962
U S TREASURY NOTE 4.875% 5/31/26	675,000	677,347	679,388
U S TREASURY NOTE 3.75% 4/15/28	500,000	496,621	501,915
U S TREASURY BOND 2.875% 11/15/46	650,000	724,352	473,285
U S TREASURY BOND 2.375% 2/15/42	625,000	594,912	452,394
U S TREASURY BOND 3.625% 5/15/53	500,000	465,160	399,785
U S TREASURY NOTE 1.875% 2/15/41	550,000	519,879	377,977
U S TREASURY BOND 3.375% 8/15/42	425,000	401,310	354,476
U S TREASURY NOTE 4.75% 5/15/55	325,000	317,065	316,163
U S TREASURY NOTE 4% 2/28/30	300,000	304,676	304,206
U S TREASURY NOTE 4% 1/31/29	300,000	301,195	303,762
U S TREASURY BOND 4.25% 2/15/54	325,000	300,155	290,774
U S TREASURY BOND 3.625% 2/15/44	315,000	390,759	267,183
U S TREASURY NOTE 1.625% 5/15/26	250,000	258,390	246,025
U S TREASURY NOTE 4.125% 8/15/44	250,000	240,039	227,100
U S TREASURY BOND 2.5% 2/15/46	325,000	336,285	222,866
U S TREASURY BOND 3.875% 2/15/43	250,000	250,859	222,140
U S TREASURY NOTE 3.625% 5/15/26	200,000	199,789	199,568
U S TREASURY NOTE 1.25% 5/15/50	410,000	324,757	193,195
U S TREASURY NOTE 2.25% 8/15/49	250,000	263,186	154,277
U S TREASURY BOND 4.75% 11/15/43	135,000	140,290	133,750
U S TREASURY NOTE 1% 7/31/28	125,000	124,565	116,127
Total U.S. Treasury Securities		8,360,642	7,172,318
Corporate Obligations			
STATE STREET CORP 4.821% 1/26/34	600,000	252,248	602,346
VERIZON 4.125% 3/16/27	375,000	228,069	375,401
INTERCONT EXCHANGE 1.85% 9/15/32	400,000	300,297	326,765
BROADCOM INC 4.11% 9/15/28	325,000	296,718	324,890
CITIGROUP INC 3.52% 10/27/28	325,000	145,019	320,089
MCDONALDS CORP 3.6% 7/01/30	325,000	201,802	317,194
CVS HEALTH CORP 5.7% 6/01/34	300,000	260,748	309,480
CITIZENS FINL 5.253% 3/05/31	300,000	257,092	306,714
AMGEN INC 3.35% 2/22/32	325,000	172,715	303,059
HUNTINGTON BANCSHARES 2.55% 2/04/30	325,000	115,128	300,872
MORGAN STANLEY 3.875% 1/27/26	300,000	341,371	299,442
STARBUCKS CORP 3% 2/14/32	325,000	158,927	296,943
REGENERON PHARM 1.75% 9/15/30	325,000	227,876	286,042
GENERAL MTRS FINL 5.8% 1/07/29	275,000	326,757	285,541
PROGRESSIVE CORP OHIO 6.25% 12/01/32	250,000	301,308	276,893

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value	Cost	Current Value
Corporate Obligations (Continued)			
AON PLC 3.875% 12/15/25	\$ 275,000	\$ 170,077	\$ 274,516
GE HEALTHCARE 5.905% 11/22/32	250,000	304,317	267,098
SCHWAB CHARLES 6.196% 11/17/29	250,000	221,704	266,023
TRUIST FINANCIAL CORP V/R 6/06/28	265,000	148,275	264,960
JPMORGAN CHASE & CO V/R 2/04/32	300,000	104,781	263,751
AUTOZONE INC 5.4% 7/15/34	250,000	224,501	256,893
KEYCORP 2.25% 4/06/27	265,000	167,968	256,721
JOHN DEERE CAP CORP 4.7% 6/10/30	250,000	160,000	256,550
BANK OF AMERICA 2.496% 2/13/31	275,000	272,000	254,001
MARSH & MCLENNAN 4.375% 3/15/29	250,000	152,010	252,175
GOLDMAN SACHS 3.8% 3/15/30	250,000	279,598	245,665
META PLATFORMS INC 5.4% 8/15/54	250,000	72,254	239,820
CAPITAL ONE FINL 5.884% 7/26/35	225,000	273,800	234,113
KINDER MORGAN 5.85% 6/01/35	225,000	225,029	233,789
UNION PACIFIC CORP 2.4% 2/05/30	250,000	172,550	232,850
AMERICAN ELEC PWR 5.2% 1/15/29	225,000	186,154	232,022
ELEVANCE HEALTH 5.15% 6/15/29	225,000	306,854	231,674
IDEX CORP 4.95% 9/01/29	225,000	225,205	229,943
DELL INTL LLC/EMC CORP 5.4% 4/15/34	225,000	202,384	229,896
ORACLE CORP 5.5% 8/03/35	225,000	381,994	229,343
QUANTA SVCS INC 4.75% 8/09/27	225,000	248,545	227,437
WELLS FARGO & CO 5.211% 12/03/35	225,000	279,624	226,888
ROPER TECHNOLOGIES IN 4.45% 9/15/30	225,000	259,242	225,466
VULCAN MATLS CO 5.35% 12/01/34	220,000	227,005	225,346
AFLAC INC 3.6% 4/01/30	225,000	206,467	220,084
REGIONS FINANCIAL 1.8% 8/12/28	225,000	129,542	210,305
PNC FINL SVCS 2.55% 1/22/30	225,000	199,960	210,202
INGERSOLL RAND INC 5.45% 6/15/34	200,000	175,320	206,908
HP INC 4.75% 1/15/28	200,000	266,580	202,614
MARRIOTT INTL 5.35% 3/15/35	200,000	352,701	201,924
AT&T INC 1.7% 3/25/26	200,000	231,788	197,076
LOWES COS INC 3.1% 5/03/27	200,000	167,426	196,740
PRUDENTIAL FINANCIAL 3.878% 3/27/28	195,000	314,236	194,928
HOME DEPOT INC 5.875% 12/16/36	175,000	226,982	189,091
BK NY MELLON 5.834% 10/25/33	165,000	55,345	176,303
EXXON MOBIL CORP 3.452% 4/15/51	250,000	225,743	176,273
VMWARE INC 3.9% 8/21/27	175,000	267,460	174,015
MOLSON COORS 3% 7/15/26	175,000	203,671	172,977
HOME DEPOT INC 4.25% 4/01/46	200,000	224,521	167,978
GENERAL ELEC CO 3.45% 5/01/27	165,000	291,914	163,127
SYSCO CORP 5.95% 4/01/30	150,000	115,680	159,543
WILLIAMS COS INC 2.6% 3/15/31	175,000	206,735	158,333

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

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SCHEDULE OF ASSETS HELD AT END OF YEAR

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Identity Of Issuer, Borrower, Lessor Or Similar Party	Par Value/ Units	Cost	Current Value
Corporate Obligations (Continued)			
FIFTH THIRD BANK V/R 11/01/27	\$ 160,000	\$ 224,451	\$ 155,211
MARSH & MCLENNAN 2.375% 12/15/31	175,000	258,925	155,036
DOLLAR GEN CORP 5.45% 7/05/33	150,000	287,089	154,910
COMCAST CORP 3.2% 7/15/36	175,000	137,933	147,471
LOWES COS INC 3.75% 4/01/32	150,000	583,745	142,434
REGIONS FINANCIAL V/R 6/06/30	115,000	156,971	119,703
BOOZ ALLEN HAMILT 5.95% 4/15/35	115,000	105,215	118,348
APPLE INC 4.65% 2/23/46	125,000	265,559	114,338
DUKE ENERGY IND LLC 5.9% 5/15/55	105,000	95,806	106,882
STARBUCKS CORP 4.45% 8/15/49	125,000	258,260	101,860
BURLINGTON NORTHN 3.55% 2/15/50	140,000	401,285	101,097
T MOBILE USA INC 3.875% 4/15/30	100,000	181,849	97,949
UNION PAC CORP 2.891% 4/06/36	100,000	220,671	83,040
GENERAL MTRS FINL CO 5.6% 6/18/31	75,000	215,114	77,456
ORACLE CORP 5.375% 9/27/54	65,000	175,054	57,897
Total Corporate Obligations		16,281,944	15,900,664
Mutual Funds			
FIDELITY MID CAP INDEX - INST	1,173,692	25,859,958	43,261,549
PIMCO TOTAL RETURN INSTL CL	63,861	613,141	557,506
SDIT GOVERNMENT OBLIGATION FD #036	1,677,462	1,677,462	1,677,462
FEDERATED GOVERNMENT OBLIG FD #05	317,690	317,690	317,690
GS FINANCIAL SQUARE GOVERNMENT #465	2,299	2,299	2,299
UMB FID GOVERNMENT INSTL	5,581,021	5,581,021	5,581,021
Total Mutual Funds		34,051,571	51,397,527
Limited Liability Company			
PARTNERS GROUP PRIVATE CREDIT STRATEGY A, LLC	634,379	3,694,273	3,704,528
Limited Partnerships			
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND IV LP		8,562,174	2,092,327
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP		2,159,469	2,327,593
MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP VI, L.P.		1,358,818	7,739,223
SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III, LP		5,672,181	3,460,475
SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V, LP		6,930,000	7,968,913
SIGULER GUFF SMALL BUSINESS CREDIT OPPORTUNITIES FUND III, LP		1,704,500	1,721,904
GCM GROSVENOR MULTI-ASSET CLASS MASTER FUND II, LP		6,877,973	14,655,769
Total Limited Partnerships		33,265,115	39,966,204

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks			
EMCOR GROUP INC	1,440	\$ 77,862	\$ 892,800
MUELLER INDUSTRIES INC	8,850	128,384	849,069
MAGNOLIA OIL & GAS CORP	30,900	477,493	768,792
NORTHWESTERN ENERGY GROUP INC	12,100	525,819	695,871
PIPER SANDLER COS	2,000	97,799	667,580
OSI SYSTEMS INC	2,750	264,738	632,638
WEBSTER FINANCIAL CORP	9,800	290,442	609,756
LSI INDUSTRIES INC	26,100	233,301	598,473
GRANITE CONSTRUCTION INC	5,550	204,712	598,013
ATLANTIC UNION BANKSHARES CORP	16,450	434,976	587,759
ENCOMPASS HEALTH CORP	4,550	174,633	554,008
STRIDE INC	3,200	76,434	522,208
JAZZ PHARMACEUTICALS PLC	3,875	485,923	495,031
SILICON MOTION TECHNOLOGY ADR	6,000	333,202	478,080
TRUSTCO BK CORP N Y	11,900	358,866	473,501
STIFEL FINANCIAL CORP	4,100	77,576	472,689
WAFD INC	15,000	348,286	471,750
URBAN OUTFITTERS INC	7,000	192,577	469,560
REX AMERICAN RESOURCES CORP	7,450	170,075	466,147
UMB FINL CORP	3,750	345,511	457,125
SABRA HEALTH CARE REIT INC	23,150	370,312	442,397
COMFORT SYSTEMS USA	625	13,894	439,613
PROGRESS SOFTWARE CORP	9,300	418,692	430,497
INNOVIVA INC	20,750	288,449	423,923
EVEREST GROUP,LTD.	1,225	307,748	418,803
TOWER SEMICONDUCTOR LTD	7,100	176,411	417,622
EXELIXIS INC	11,100	226,399	415,362
PROVIDENT FINANCIAL SERVICES	20,300	242,211	402,752
OLD REPUBLIC INTL CORP	9,900	159,088	395,703
TAPESTRY INC	3,800	132,864	386,916
KBR INC	7,600	118,725	383,496
MADISON SQUARE GARDEN ENTMT	9,300	367,045	378,603
FIRST CITIZENS BANCSHARES INC	188	57,996	372,975
COLUMBIA BKG SYS INC	13,850	324,791	370,765
DIME COMMUNITY BANCSHARES INC	12,050	284,594	370,658
EASTERN BANKSHARES INC	21,000	327,677	359,310
OWENS CORNING	2,375	144,960	356,654
VISTEON CORP	2,800	230,807	347,088
ABERCROMBIE & FITCH CO	3,600	175,549	336,708
ADEIA INC	22,200	219,424	333,888
FIRST MERCHANTS CORP	8,000	234,258	332,160
KB HOME	5,100	153,723	324,105

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**Page 5 Of 7**
August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
QUANEX BUILDING PRODUCTS COR	\$ 14,850	\$ 260,683	\$ 315,860
COMMERCIAL METALS CO	5,400	101,798	311,418
WILLIAMS SONOMA INC	1,625	62,231	305,809
OVINTIV INC	7,200	243,480	303,264
PERRIGO COMPANY PLC	12,650	422,135	300,311
MADISON SQUARE GARDEN SPORTS C	1,500	258,788	296,760
HEALTHPEAK PROPERTIES INC	16,400	348,882	294,216
APPLE HOSPITALITY REIT INC	22,300	333,720	291,238
UNITED COMMUNITY BANKS BLAIRSVLE GA	8,650	159,155	288,910
HEIDRICK & STRUGGLES INTERNATIONAL	5,550	154,995	281,996
AGREE REALTY CORP	3,800	213,421	276,412
LXP INDUSTRIAL TR	30,250	297,455	274,670
BEACON FINANCIAL CORPORATION	10,450	254,716	273,059
LEIDOS HOLDINGS INC	1,500	89,529	271,380
MKS INSTRUMENT INC	2,600	168,108	268,684
HNI CORP	5,950	202,232	267,393
PORTLAND GENERAL ELECTRIC COMPANY	6,150	265,877	263,097
DELEK US HOLDINGS INC	9,300	234,741	257,703
AMERICAN WOODMARK CORP	3,950	269,461	255,052
SELECTIVE INSURANCE GROUP	3,200	66,964	250,336
BROADSTONE NET LEASE INC	13,150	219,736	244,459
REGAL BELOIT CORP	1,625	121,624	242,661
HAYWARD HLDGS INC	14,550	137,653	233,964
NEWMARK GROUP INC	12,800	156,204	233,088
NOMAD FOODS LTD	14,900	285,097	231,546
VISHAY INTERTECHNOLOGY INC	14,800	217,926	228,808
COHERENT CORP	2,500	92,090	226,175
FIRST COMMUNITY BANCSHARES	5,950	108,711	225,981
SCIENCE APPLICATIONS INTL CO	1,900	163,041	223,630
MASTERCRAFT BOAT HLDGS INC	10,050	200,238	220,497
CHURCHILL DOWNS INC	2,125	77,033	220,426
METALLUS INC.	13,200	186,099	216,876
ASGN INC	3,900	162,424	211,575
COHU INC	10,700	194,879	212,930
VECTRUS INC	3,600	166,860	207,000
OCEANFIRST FINANCIAL CORP	11,250	228,809	206,888
GREIF INC	3,150	208,330	205,727
CURTISS WRIGHT CORP	430	32,442	205,605
KITE RLTY GROUP TR	8,900	188,029	203,098
UNITED FIRE GROUP INC	6,500	168,636	199,810
SPECTRUM BRANDS HOLDINGS INC	3,500	236,805	199,465
ANGIODYNAMICS INC	19,250	250,725	197,505

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

**EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR****Page 6 Of 7
August 31, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
ELBIT SYS LTD	\$ 405	\$ 48,079	\$ 194,485
LA Z BOY INC	5,250	143,359	194,093
HELIX ENERGY SOLUTIONS GRP I	28,550	146,553	188,145
GENCOR INDUSTRIES INC	11,250	168,946	182,925
SONOS INC	13,100	237,088	182,352
UNITED BANKSHARES INC	4,700	143,509	180,198
VILLAGE SUPER MARKET INC	4,950	114,483	179,586
KAISER ALUMINUM CORP	2,300	173,364	179,101
ITRON INC	1,450	74,205	178,263
SMITHFIELD FOODS INC	6,750	135,028	171,653
INMODE LTD ADR	11,450	255,416	171,063
UNIVERSAL DISPLAY CORP	1,225	114,981	169,773
INGLES MKTS INC	2,400	176,279	162,456
LSB INDS INC	19,500	235,583	162,240
ONTO INNOVATION INC	1,525	54,363	161,650
NOBLE CORP PLC	5,600	245,263	161,392
MILLER INDS INC TENN	3,750	118,172	157,838
SPHERE ENTERTAINMENT CO	3,450	134,642	156,320
COMMUNITY HEALTHCARE TRUST INC	10,000	241,526	154,100
INTEGRA LIFESCIENCES HLDGS C	10,150	251,738	153,570
GULFPORT ENERGY CORP	875	155,390	152,276
MADDEN STEVEN LIMITED	5,200	99,293	151,008
PULTE GROUP INC	1,100	38,095	145,222
CATALYST PHARMACEUTICALS INC	7,050	147,278	145,160
BRP INC	2,600	177,302	163,748
CENTERSPACE	2,400	143,523	142,800
DIAMONDROCK HOSPITALITY CO	16,650	147,433	142,524
SEADRILL 2021 LTD	4,450	193,170	142,000
NATIONAL HEALTHCARE CORP	1,200	82,421	136,176
U HAUL HOLDING COMPANY SER N	2,600	82,430	135,824
AMERICAN EAGLE OUTFITTERS NE	10,300	135,080	133,282
AMPHASTAR PHARMACEUTICALS IN	4,350	160,368	133,196
AZENTA INC	4,300	183,043	131,322
HELMERICH & PAYNE INC	6,050	215,808	126,385
OSHKOSH CORP	900	89,640	125,433
ICF INTERNATIONAL INC	1,275	72,295	125,231
SUPERNUS PHARMACEUTICALS INC	2,750	94,283	124,080
ENHABIT INC	15,400	258,976	121,352
DOUGLAS DYNAMICS INC	3,500	85,990	117,845
PIEDMONT REALTY TRUST	13,750	176,667	116,463
PRINCETON BANCORP INC	3,400	108,849	116,144
HARMONIC INC	11,700	91,998	112,553
ACADEMY SPORTS & OUTDOORS	2,100	64,363	112,454
POLARIS INC	1,950	181,038	110,330
SILICOM LTD	6,500	219,993	106,827

I.B.E.W. LOCAL UNION NO. 124 PENSION PLAN

EIN: 43-0817626 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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August 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
Corporate Stocks (Continued)			
ACUITY INC	\$ 325	\$ 42,501	\$ 106,102
TEEKAY TANKERS LTD	2,150	92,584	105,715
GENTEX CORP	3,750	75,953	105,037
IPG PHOTONICS CORP	1,200	130,649	98,183
SELECT ENERGY SVCS INC	11,500	86,614	97,980
CROSS CTRY HEALTHCARE INC	7,150	76,681	95,666
AMERICAN PUBLIC EDUCATION INC	3,100	83,360	93,558
HELEN OF TROY CORP LTD	3,550	215,323	87,153
GOLDEN ENTERTAINMENT INC	3,500	116,201	87,045
GIBRALTAR INDUSTRIES INC COM	1,350	40,519	84,496
KULICKE & SOFFA INDUSTRIES INC	2,200	96,275	82,500
HANCOCK WHITNEY CORP	1,250	60,606	78,650
TETRA TECHNOLOGY INC	2,150	11,001	78,302
BOWLERO CORP	6,650	68,365	71,155
KVH INDUSTRIES INC	11,500	131,910	64,744
FTI CONSULTING INC	325	19,283	54,808
PERION NETWORK LTD	5,800	136,895	53,534
ORASURE TECHNOLOGIES INC	15,750	145,627	52,132
SUMMIT HOTEL PROPERTIES	9,200	85,273	50,415
QUIDEL CORP	1,750	108,978	50,207
AMN HEALTHCARE SERVICES INC	2,250	79,575	46,755
BLOOMIN BRANDS INC	6,100	138,820	44,835
COMMUNITY WEST BANCSHARES	2,000	29,242	42,640
HUNTSMAN CORP	3,400	82,303	37,943
OMNICELL INC	1,150	32,677	37,478
MARAVAI LIFESCIENCES HLDGS A	13,050	170,929	31,581
COLUMBUS MCKINNON CORP	2,000	50,450	29,960
MAGNACHIP SEMICONDUCTOR	6,350	66,516	20,003
Total Corporate Stocks		<u>27,578,401</u>	<u>39,245,545</u>
Joint Venture/Partnership			
INDURE BUILD-TO-CORE FUND, LLC	3,288	4,500,017	8,015,126
Common/Collective Trusts			
HARDING LOEVNER INTERNATIONAL EQUITY COLLECTIVE INVESTMENT FUND CL A	1,872,761	18,989,601	36,031,918
IBEW-NECA EQUITY INDEX FUND	663,388	19,447,494	95,543,147
LOOMIS, SAYLES & CO	562,077	15,201,466	16,890,431
NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST	1,629	6,575,835	20,769,395
Total Common/Collective Trusts		<u>60,214,396</u>	<u>169,234,891</u>
Total Investments		<u>\$ 187,999,199</u>	<u>\$ 334,683,715</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund

Plan Sponsor EIN / Plan Number: 43-0817626 / 001

Attachment F to 2024 Form 5500 Schedule MB

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

Schedule of Amortization Charges Required for Minimum Required Contribution As of September 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	9/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	9/1/1995	\$ 5,883,555	30.00	\$ 458,345	1.00	\$ 458,345
2. Change in Assumptions	9/1/1996	565,589	30.00	85,066	2.00	43,892
3. Plan Amendment	9/1/1996	707,024	30.00	106,341	2.00	54,869
4. Change in Assumptions	9/1/1997	2,120,755	30.00	462,064	3.00	163,963
5. Plan Amendment	9/1/1997	9,488,606	30.00	2,067,335	3.00	733,594
6. Plan Amendment	9/1/1998	6,566,660	30.00	1,843,073	4.00	505,837
7. Plan Amendment	9/1/1999	5,683,984	30.00	1,927,510	5.00	436,283
8. Plan Amendment	9/1/2000	9,441,414	30.00	3,715,271	6.00	722,185
9. Change in Assumptions	9/1/2001	1,073,143	30.00	476,610	7.00	81,808
10. Plan Amendment	9/1/2001	9,269,229	30.00	4,116,774	7.00	706,624
11. Plan Amendment	1/1/2002	3,322,053	30.00	1,528,672	7.33	253,030
12. Plan Amendment	9/1/2004	4,737,701	30.00	2,728,574	10.00	357,726
13. Plan Amendment	9/1/2007	828,082	30.00	564,923	13.00	61,979
14. Recognized Portion of 2008 ENIL	9/1/2009	4,712,966	29.00	3,392,401	14.00	355,208
15. Recognized Portion of 2008 ENIL	9/1/2010	1,136,702	28.00	826,878	14.00	86,580
16. Recognized Portion of 2008 ENIL	9/1/2011	3,842,168	27.00	2,827,189	14.00	296,026
17. Bifurcation Base	9/1/2011	1,559,152	15.00	313,752	2.00	161,888
18. Recognized Portion of 2008 ENIL	9/1/2012	3,970,794	26.00	2,958,521	14.00	309,777
19. Bifurcation Base	9/1/2012	4,637,852	15.00	1,351,976	3.00	479,749
20. Change in Assumptions	9/1/2013	8,055,662	15.00	3,025,120	4.00	830,253
21. Recognized Portion of 2008 ENIL	9/1/2013	4,109,067	25.00	3,103,442	14.00	324,952
22. Plan Amendment	9/1/2015	7,505,399	15.00	3,951,588	6.00	768,121
23. Change in Assumptions	9/1/2016	3,334,990	15.00	1,981,762	7.00	340,160
24. Experience Loss	9/1/2017	1,254,052	15.00	824,259	8.00	127,490
25. Experience Loss	9/1/2018	1,195,624	15.00	857,341	9.00	121,351
26. Change in Assumptions	9/1/2018	7,084,110	15.00	5,079,772	9.00	719,008
27. Plan Amendment	9/1/2018	4,194,787	15.00	3,007,940	9.00	425,754
28. Experience Loss	9/1/2019	1,060,664	15.00	819,220	10.00	107,403
29. Experience Loss	9/1/2020	3,947,521	15.00	3,252,512	11.00	398,821
30. Revenue Ruling 81-213 Charge Base	9/1/2022	10,783,534	15.00	9,890,337	13.00	1,085,085
31. Revenue Ruling 81-213 Charge Base	9/1/2023	11,891,055	15.00	11,412,360	14.00	1,194,952
32. Revenue Ruling 81-213 Charge Base	9/1/2024	13,749,912	15.00	13,749,912	15.00	1,380,628
TOTAL CHARGES		\$ 157,713,806		\$ 92,706,840		\$ 14,093,341



Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund
Plan Sponsor EIN / Plan Number: 43-0817626 / 001
Attachment F to 2024 Form 5500 Schedule MB

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

Schedule of Amortization Credits Required for Minimum Required Contribution As of September 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	9/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in Assumptions	9/1/2000	\$ 3,673,851	30.00	\$ 1,445,678	6.00	\$ 281,015
2. Change in Assumptions	9/1/2006	6,424	30.00	4,185	12.00	484
3. Change in Assumptions	9/1/2010	2,369,517	15.00	246,974	1.00	246,974
4. Bifurcation Base	9/1/2010	627,394	15.00	65,393	1.00	65,393
5. Bifurcation Base	9/1/2013	2,646,025	15.00	993,657	4.00	272,712
6. Experience Gain	9/1/2014	1,255,715	15.00	569,746	5.00	128,959
7. Experience Gain	9/1/2015	1,734,105	15.00	913,004	6.00	177,472
8. Experience Gain	9/1/2016	24,348	15.00	14,469	7.00	2,484
9. Revenue Ruling 81-213 Credit Base	9/1/2021	3,111,160	15.00	2,713,040	12.00	313,632
TOTAL CREDITS		\$ 15,448,539		\$ 6,966,146		\$ 1,489,125
NET CHARGE				\$ 85,740,694		\$ 12,604,216



Plan Name: Local Union No. 124 I.B.E.W. Pension Trust Fund

Plan Sponsor EIN / Plan Number: 43-0817626 / 001

Attachment G to 2024 Form 5500 Schedule MB

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes:

1. The discount rate was lowered from 6.85% to 6.60%.
2. The RPA '94 current liability interest rate was changed from 2.99% to 3.12% to comply with appropriate guidance.
3. The mortality table used to determine RPA '94 current liability is the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3). The 2023 table was updated to 2024 as provided by Notice 2023-73.