

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 I.B.E.W. LOCAL NO. 728 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1972
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND 2010 N.W. 150TH AVENUE SUITE 200 PEMBROKE PINES, FL 33028-1123
2b	Employer Identification Number (EIN) 59-6510428
2c	Plan Sponsor's telephone number 954-266-6322
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.	07/17/2026	ZAC CASSIDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2026	JAMES STUBBLEFIELD
	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 1427
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) 539 6a(2) 592 6b 374 6c 384 6d 1350 6e 116 6f 1466 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 50

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

1B 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

- ▶ 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 I.B.E.W. LOCAL NO. 728 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND	D Employer Identification Number (EIN) 59-6510428

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

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 71776361
(2) Actuarial value of assets for funding standard account	1b(2) 73212189
c (1) Accrued liability for plan using immediate gain methods	1c(1) 70859483
(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) 70859483
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) 96930056
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2811643
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4262976
(3) Expected plan disbursements for the plan year	1d(3) 4062879

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	07/08/2026
Signature of actuary MARK STEWART	Date 26-06075
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4104
Firm name 990 HAMMOND DR, SUITE 220 ATLANTA, GA 30328	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	71776361
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	483	34993557
(2) For terminated vested participants	407	23302066
(3) For active participants:		
(a) Non-vested benefits		2155713
(b) Vested benefits		36478720
(c) Total active	539	38634433
(4) Total	1429	96930056
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	
	2850928					
Totals ►			3(b)	2850928	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	103.3 %
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		4.01 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	6P	6P
(2) Females	6c(2)	6FP	6FP
d Valuation liability interest rate	6d	6.00 %	6.00 %
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)	6.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.4 %	
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)	417754	
(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	1209560	117490

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	1910839

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)	11009115	1661370
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 214333**e** Total charges. Add lines 9a through 9d.....**9e** 3786542**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 11559790**g** Employer contributions. Total from column (b) of line 3.....**9g** 2850928**h** Amortization credits as of valuation date.....

Outstanding balance

9h	1802031	206295
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 791493**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)	13306976	
9j(2)	16232261	

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** 15408506**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 11621964**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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND	D Employer Identification Number (EIN) 59-6510428	

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	
INVESCO TRUST COMPANY	
46-3793325	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INTERNATIONAL INDEX	P.O. BOX 770001 CINCINNATI, OH 45277

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

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

CAPTRUST

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	142135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL EMPLOYEE BENEFITS ADMIN

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36	NONE	129583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUGARMAN & SUSSKIND

59-2539792

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	93325	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(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 68 62	NONE	92409	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	NONE	54420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	33067	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)

IBEW LOCAL 728 UNION

59-0304061

(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?
49	NONE	16878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. MORGAN ASSET MANAGEMENT

13-4994650

(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	NONE	14688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RHUMBLINE ADVISERS CORP

04-3118582

(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	NONE	10866	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)

PROFUND SOLUTIONS

9404 WEST 145TH TERRACE
OVERLAND PARK, KS 66221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	10800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUIST BANK

56-0939887

(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?
21	NONE	8004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 59 62 72 21 28	NONE	4663	Yes ☒ No ☐	Yes ☒ No ☐	1744	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)

JAMES BOYLAN

59-6510428

(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?
20 56	TRUSTEE	0	Yes ☒ No ☐	Yes ☐ No ☒	5466	Yes ☐ No ☒

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

RICK SHAWBELL

59-6510428

(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?
20 56	TRUSTEE	0	Yes ☒ No ☐	Yes ☐ No ☒	5236	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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND		D Employer Identification Number (EIN) 59-6510428
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE RUSSELL 1000 VALUE INDEX		
b Name of sponsor of entity listed in (a): RHUMLINE ADVISERS CORP		
c EIN-PN 04-6941665-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5404018
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE MID-CAP INDEX FUND POOLED		
b Name of sponsor of entity listed in (a): RHUMLINE ADVISERS CORP		
c EIN-PN 04-3345692-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6279823
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE S&P INDEX POOLED TRUST		
b Name of sponsor of entity listed in (a): RHUMLINE ADVISERS CORP		
c EIN-PN 04-6752198-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5384902
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE SMALL-CAP INDEX POOLED		
b Name of sponsor of entity listed in (a): RHUMLINE ADVISERS CORP		
c EIN-PN 04-6793528-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5318693
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE LARGE CAP GROWTH POOLED		
b Name of sponsor of entity listed in (a): RHUMLINE ADVISERS CORP		
c EIN-PN 73-6360040-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5082267
a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA STABLE VALUE TRUST		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 93-6223188-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1236766
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1515188
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

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 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND	D Employer Identification Number (EIN) 59-6510428	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	809595	1239258
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	273167	386283
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	307989	328790
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	854940	554662
(2) U.S. Government securities	1c(2)	17449947	17711594
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	16273903	18292999
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1270330	1264310
(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)	2675972	2751954
(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)	25654237	27469703
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6312694	8441562
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	71882774	78441115

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	105380	82747
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1033	8895
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	106413	91642

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	71776361	78349473
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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)	2850928	
(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)		2850928
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32878	
(B) U.S. Government securities	2b(1)(B)	440885	
(C) Corporate debt instruments	2b(1)(C)	755153	
(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)		1228916
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	257961	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		257961
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13098550	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12775737	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		322813
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	682284	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		682284

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		97961
(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)		3430346
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1780909
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10652118

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3366206	
(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)		3366206
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)	118254	
(3) Recordkeeping fees	2i(3)	11267	
(4) IQPA audit fees	2i(4)	21800	
(5) Investment advisory and investment management fees	2i(5)	260098	
(6) Bank or trust company trustee/custodial fees	2i(6)	15481	
(7) Actuarial fees	2i(7)	53375	
(8) Legal fees	2i(8)	93325	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	42052	
(11) Other expenses	2i(11)	97148	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		712800
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4079006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6573112
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
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 587937.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND		D Employer Identification Number (EIN) 59-6510428
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 5
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) 2025 v. 250312		

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 **FSK ELECTRIC**

b EIN **74-0626360**

c Dollar amount contributed by employer **272577**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **MALONE ELECTRIC SOLUTIONS LLC**

b EIN **20-0558661**

c Dollar amount contributed by employer **113136**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

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

b EIN **59-0361850**

c Dollar amount contributed by employer **430769**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **ALLIED POWER SERVICES LLC**

b EIN **37-1857279**

c Dollar amount contributed by employer **56196**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **ELITE PWR SOLUTIONS INC**

b EIN **46-1220795**

c Dollar amount contributed by employer **52470**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **MILLS ELEC SERVICE INC.**

b EIN **59-2278576**

c Dollar amount contributed by employer **52082**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

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 **ELECTRO DESIGN ENGIN INC**

b EIN **59-2922467**

c Dollar amount contributed by employer **59323**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **TIRONE ELECTRIC**

b EIN **59-1809092**

c Dollar amount contributed by employer **58530**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **LIGHTNING ELECTRIC INC**

b EIN **65-0095066**

c Dollar amount contributed by employer **55146**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer **ION ELECTRIC LLC**

b EIN **33-1135657**

c Dollar amount contributed by employer **264471**

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 **02** Day **28** Year **2029**

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): **5% OF WAGES**

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

0.98

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

15b

1.01

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 47.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %

High-Yield Debt: 0.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 1.0 % 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_____.

**International Brotherhood of Electrical Workers
Local No. 728 Pension Fund**

Financial Statements

December 31, 2025

**International Brotherhood of Electrical Workers
Local No. 728 Pension Fund**

Financial Statements with Supplementary Information

December 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

To the Participants and Trustees of
International Brotherhood of Electrical Workers
Local No. 728 Pension Fund

Opinion

We have audited the financial statements of International Brotherhood of Electrical Workers Local No. 728 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of International Brotherhood of Electrical Workers Local No. 728 Pension Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

June 24, 2026

**International Brotherhood of Electrical Workers
Local No. 728 Pension Fund**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
U.S. Government obligations	\$ 17,711,594	\$ 17,449,947
Mutual fund	8,441,562	6,312,694
Corporate and foreign obligations	18,292,999	16,273,903
Pooled funds	30,221,657	28,330,209
Limited partnership	1,264,310	1,270,330
Short-term investments	554,662	854,940
Total investments	<u>76,486,784</u>	<u>70,492,023</u>
Receivables		
Employer contributions	386,283	273,167
Accrued interest and dividends	323,050	298,384
Total receivables	<u>709,333</u>	<u>571,551</u>
Prepaid expenses	<u>5,740</u>	<u>9,605</u>
Cash	<u>1,239,258</u>	<u>809,595</u>
Total assets	<u>78,441,115</u>	<u>71,882,774</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	82,747	105,380
Due to related organization	8,895	1,033
Total liabilities	<u>91,642</u>	<u>106,413</u>
Net assets available for benefits	<u>\$ 78,349,473</u>	<u>\$ 71,776,361</u>

See accompanying notes to financial statements.

**International Brotherhood of Electrical Workers
Local No. 728 Pension Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 6,314,313	\$ 4,259,219
Interest and dividends	<u>1,486,877</u>	<u>1,598,030</u>
	7,801,190	5,857,249
Less investment expenses	<u>(264,761)</u>	<u>(274,719)</u>
Investment income - net	7,536,429	5,582,530
Employer contributions	<u>2,850,928</u>	<u>2,315,723</u>
Total additions	<u>10,387,357</u>	<u>7,898,253</u>
Deductions		
Benefits paid to participants	3,366,206	3,066,367
Administrative expenses	<u>448,039</u>	<u>436,304</u>
Total deductions	<u>3,814,245</u>	<u>3,502,671</u>
Net increase	6,573,112	4,395,582
Net assets available for benefits		
Beginning of year	<u>71,776,361</u>	<u>67,380,779</u>
End of year	<u>\$ 78,349,473</u>	<u>\$ 71,776,361</u>

See accompanying notes to financial statements.

**International Brotherhood of Electrical Workers
Local No. 728 Pension Fund**

Notes to Financial Statements

December 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of International Brotherhood of Electrical Workers Local No. 728 Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

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

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, primarily based on the wages earned in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in the following counties of Florida: Broward, Collier, Glades, Hendry, Palm Beach, Okeechobee, Martin and St. Lucie.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$1,187,498 and \$858,786 for the years ended December 31, 2025 and 2024, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$300,139 and \$240,316 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended December 31, 2025 and 2024, respectively. Reciprocal contributions payable included in accounts payable at December 31, 2025 and 2024 are not considered to be material to these financial statements.

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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

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

Subsequent Events - Subsequent events have been evaluated through June 24, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1972 as a result of a collective bargaining agreement between the union and various employers to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreement. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility for normal retirement is attained upon reaching age 65 and the fifth anniversary of participation in the Plan. Participants will be entitled to monthly pension benefits equal to the sum of the following:

- \$14.30 for each past service credit available to the participant as of August 31, 1996; and
- \$27.00 for each paid benefit credit through December 31, 1999,
2.21% of contributions received January 1, 2000 through December 31, 2014,
2.15% of contributions received January 1, 2015 through December 31, 2020, and
1.35% of contributions received January 1, 2021 through December 31, 2025.

The Plan permits early retirement at ages 55 through 64. Unreduced early retirement begins at age 62 provided that the participant was credited with at least .125 of future vested service in the current plan year or one of the last seven plan years preceding early retirement. Otherwise, the pension benefit is reduced by 1/180 for each of the first 60 months and 1/360 for each month thereafter by which the participant's early retirement date precedes the normal retirement date and is based upon the credited service earned to the early retirement date.

Participants who become totally and permanently disabled and have at least five vesting credits may be eligible for disability retirement income.

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

Note 3. Priorities upon Termination

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

Note 3. Priorities upon Termination (continued)

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

Note 4. Tax Status

The Plan's latest determination letter from the Internal Revenue Service dated April 16, 2015, stated that the Plan and the related trust were designed in accordance with Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Fair Value Measurements

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

Basis of Fair Value Measurement

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

Note 5. Fair Value Measurements (continued)

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value Measurements at 12/31/25 Using				
	Total	Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government obligations	\$ 17,711,594	\$ 17,711,594	\$ -	\$ -
Mutual fund	8,441,562	8,441,562	-	-
Corporate and foreign obligations	18,292,999	-	18,292,999	-
Short-term investments	554,662	-	554,662	-
	45,000,817	\$ 26,153,156	\$ 18,847,661	\$ -
Investments measured at net asset value:				
Pooled funds	30,221,657			
Limited partnership	1,264,310			
Total	\$ 76,486,784			

Fair Value Measurements at 12/31/24 Using				
	Total	Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government obligations	\$ 17,449,947	\$ 17,449,947	\$ -	\$ -
Mutual fund	6,312,694	6,312,694	-	-
Corporate and foreign obligations	16,273,903	-	16,273,903	-
Short-term investments	854,940	-	854,940	-
	40,891,484	\$ 23,762,641	\$ 17,128,843	\$ -
Investments measured at net asset value:				
Pooled funds	28,330,209			
Limited partnership	1,270,330			
Total	\$ 70,492,023			

Note 5. Fair Value Measurements (continued)

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable international equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

Corporate and foreign obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The short-term investments are valued at cost, which approximates their fair value.

Measurements Using Net Asset Value as a Practical Expedient

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

The pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemption availability for these investments vary from daily to monthly, except for a real estate pooled fund with a fair value of \$1,515,188 and \$1,475,579 at December 31, 2025 and 2024, respectively, which has quarterly redemptions following a written request, to the extent that cash is available for distributions.

The limited partnership invests in real estate investments in commercial and residential property. Redemptions are available quarterly following written request, to the extent that cash is available for distributions.

Note 6. Related Organizations

The Plan has several related organizations including a health and welfare plan, an annuity plan, a training fund and a local union, all of which are tax-exempt.

The Plan shares the cost of fringe benefit coordinator fees with the annuity plan and the health and welfare plan, which are initially paid by the local union. Reimbursements are made monthly based on estimates of time spent and costs incurred. Shared fringe benefit coordinator fees totaled \$16,878 for each of the years ended December 31, 2025 and 2024.

Amounts due to the annuity plan of \$8,895 and \$1,033 at December 31, 2025 and 2024, respectively, represent employer contributions initially received by the Plan and transferred in the subsequent month.

Note 7. Funding Policy

Participating employers contribute such amounts as determined by their respective collective bargaining agreements. For the years ended December 31, 2025 and 2024, the contribution rate for the majority of employers was 5% of gross wages.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2025.

Note 8. Actuarial Information

An actuarial valuation of the Plan was made by Horizon Actuarial Services, LLC as of December 31, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Retired participants and beneficiaries	\$ 31,107,906
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Other vested benefits	<u>41,616,545</u>
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Total vested benefits	72,724,451
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Nonvested benefits	<u>5,097,600</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 77,822,051</u></u>
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Note 8. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 74,148,758
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial losses	2,297,442
Interest	4,442,218
Benefits paid	<u>(3,066,367)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 77,822,051</u>

The actuarial valuation was made using the unit credit actuarial cost method. Normal cost and actuarial accrued liabilities are calculated on an individual basis. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rate:
 Healthy participants - sex-distinct RP-2018 Blue Collar Mortality Tables, with 25% of Scale MP-2018 generational mortality projection

 Disabled participants - sex-distinct RP-2018 Disabled Mortality Tables, with 25% of Scale MP-2018 generational mortality projection
- Retirement rate:
 Varies from age 55 to age 70
- Investment rate of return:
 6% compounded annually - net of investment expenses

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

Since information on the accumulated plan benefits at December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

As of January 1, 2026, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

Note 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 amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuation of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

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

Note 10. Party-in-Interest Transactions

The Plan incurs expenses under arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
International Brotherhood of Electrical Workers
Local No. 728 Pension Fund

We have audited the financial statements of International Brotherhood of Electrical Workers Local No. 728 Pension Fund (the Plan) as of and for the years ended December 31, 2025 and 2024 and our report thereon dated June 24, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but 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 GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

June 24, 2026

Schedule MB, Line 6 - Summary of Plan Provisions

<i>Plan Name</i>	Pension Plan of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund
<i>Plan Sponsor</i>	Board of Trustees of the Pension Plan of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund
<i>EIN / PN</i>	59-6510428/001
<i>Effective Date and Most Recent Restatement</i>	The original effective date of the Plan is September 1, 1972. The most recent restatement to the Plan is effective January 1, 2015.
<i>Plan Year</i>	For the period through August 31, 1997, the twelve-month period beginning September 1 and ending August 31. For the period September 1, 1997 through December 31, 1997, the four-month period beginning September 1 and ending December 31. For the period on and after January 1, 1998, the twelve-month period beginning January 1 and ending December 31.
<i>Employers</i>	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or other written agreement.
<i>Participants</i>	All employees working in covered employment for a signatory employer are eligible to participate in the Plan beginning in the Plan Year in which they first work in covered service for at least 200 hours of future vested service within that Plan Year.



Schedule MB, Line 6 - Summary of Plan Provisions

Credited Service

Credited service is equal to the sum of past credited service and future credited service. Past credited service is limited to that service which could have been used by the participant as of August 31, 1996.

Past Credited Service

Three fourths of a year of past credited service (to the nearest quarter of a year) is granted for each Plan Year immediately prior to September 1, 1972 in which a person was continuously employed or available for employment as an inside wireman at the prevailing wage rate within the trade or territorial jurisdiction of the Union for corporations, individuals or partnerships which executed or otherwise were bound to a Collective Bargaining Agreement with the Union. In order to qualify for past credited service, a person must have been employed or been available for employment as an inside wireman by an Employer on September 1, 1972 and have at least 1,000 hours of paid contributions during the period September 1, 1972 to August 31, 1974.

Future Credited Service

This is based on the number of hours worked in each Plan Year on or after September 1, 1972 in accordance with the following:

Hours Worked in a Plan Year	Future Credited Service
1600 or more	1.00
1400 or more but less than 1600	.875
1200 or more but less than 1400	.750
1000 or more but less than 1200	.625
800 or more but less than 1000	.500
600 or more but less than 800	.375
400 or more but less than 600	.250
200 or more but less than 400	.125
Less than 200	.000

For an employee who is credited with 200 or more hours of service in any Plan Year beginning on or after January 1, 2010 and retires on or after January 1, 2011, future credited service for the September 1, 1997 – December 31, 1997 Plan Year is based on the hours of service earned during the period September 1, 1997 – August 31, 1998 and the schedule above.



Schedule MB, Line 6 - Summary of Plan Provisions

Vesting Service

Vested service is equal to the sum of past vested service and future vested service. Past vested service is equal to past credited service. Future vested service after August 31, 1972 will accrue on the basis of hours worked in a Plan Year according to the following:

Hours Worked in a Plan Year	Future Vested Service
1000 or more	1.000
800 or more but less than 1000	.500
600 or more but less than 800	.375
400 or more but less than 600	.250
200 or more but less than 400	.125
Less than 200	.000

For the Plan Year ending December 31, 1997, future vested service is based on the hours of service earned during the period September 1, 1997 – August 31, 1998 and the schedule above.

Normal Retirement Age

A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of the date of participation in the plan

Break-In-Service

An employee who fails to be credited with at least 200 hours of service during a Plan Year will incur a break-in-service, unless the employee:

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

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

Normal Pension-Eligibility

A participant becomes eligible by attaining Normal Retirement Age.



Schedule MB, Line 6 - Summary of Plan Provisions

Normal Pension – Amount of Benefit

The normal pension amount of benefit equals the sum of:

- (a) \$14.30 multiplied by past credited service (past credited service is limited to that available to the participant as of August 31, 1996), plus
- (b) \$27.00 multiplied by future credited service through December 31, 1999 (for participants who earned at least 200 hours of service in either 2013 or 2014 plan year), plus
- (c) 2.21% of contributions received during the period January 1, 2000 through December 31, 2014 (for participants who earned at least 200 hours of service in either 2013 or 2014 plan year); plus
- (d) 2.15% of contributions received during the period January 1, 2015 through December 31, 2020 (effective January 1, 2019, incoming reciprocal contributions over \$2.25 per hour are excluded from the determination of benefits under the Pension Plan and diverted to the Annuity Plan); plus
- (e) 1.35% of contributions received on or after January 1, 2021 (effective January 1, 2024, incoming reciprocal contributions over \$2.25 are included in the determination of the benefits and no longer diverted to the annuity plan.)

Early Retirement Pension –Eligibility

Age 55 and 15 years of vested service or age 62 and 10 years of future credited service.

Early Retirement Pension –Amount of Benefit

The pension is unreduced if the participant is at least age 62 and is credited with at least 0.125 of future vested service in the Plan Year or one of the last seven Plan Years preceding early retirement. Otherwise, the pension is reduced by 1/180 for each of the first 60 months and 1/360 for each month thereafter by which the participant's early retirement date precedes his normal retirement date.



Schedule MB, Line 6 - Summary of Plan Provisions

Disability Pension – Eligibility

A participant shall be eligible for a disability benefit if he becomes Totally and Permanently Disabled, provided he has accumulated at least five years of vested service and has become Totally and Permanently Disabled no later than two years after the date he last earned an hour of service in covered service and has filed a claim for disability benefits.

The term "Total and Permanent Disability" means a physical or mental condition of a participant such that the participant is eligible for a Federal Social Security disability benefit.

However, no participant shall be deemed to be Totally and Permanently Disabled for the purpose of the Plan if his incapacity consists of chronic alcoholism or drug addiction, or if the disability was contracted, suffered, or incurred while engaging in a felonious enterprise, or was the result of an intentional self-inflicted injury, or for any disability for which a military pension is being paid

Disability Pension – Amount of Benefit

Determined as the greater of the Normal Retirement Benefit or \$640.00 per month. The benefit will become payable on the first day of the month coincident with or next following commencement of disability benefits from the Social Security Administration

Late Retirement

Late Retirement Benefit will be the greater of:

- (a) Benefit computed using the credited service through the late retirement date and plan provisions on that date; or
 - (b) Benefit computed using the credited service through the normal retirement date and multiplied by the late retirement adjustment factor.
-



Schedule MB, Line 6 - Summary of Plan Provisions

Vested Benefit

A participant's benefits become 100% vested at the earlier of the following:

- (a) attainment of Normal Retirement Age;
 - (b) accumulation of ten or more years of vested service;
 - (c) accumulation of five or more years of vested service for participants who earn at least one hour worked after August 31, 1989 in a position not covered by a bargaining unit represented by the union; or accumulation of five or more years of vested service for participants who are credited with one hour worked after August 31, 1997.
-

Pre-Retirement Death Benefits

Spouse's Benefit

Pre-Retirement Survivor Annuity:

- (a) If a participant dies while vested and married and within two years of the date an hour of service was last earned, his spouse would receive 50% of the participant's accrued retirement benefit for the balance of the spouse's lifetime commencing on the first day of the month after the participant's death.
 - (b) Pre-Retirement Survivor Annuity (if death does not occur within two years of the date an hour of service was last earned). If a participant dies while vested and married, his spouse will receive 50% of the participant's joint and survivor retirement benefit for the balance of the spouse's lifetime commencing at the participant's early or normal retirement age or earlier if eligible.
-

Guaranteed Return of Contributions

For all retirements, deaths or disabilities that occur on or after September 1, 1996, it shall be guaranteed that the total payments made from the Fund to the participant, when combined with the total payments made from the Fund to his beneficiary, will not be less than the Contributions made or required to be made to the Fund on the participant's behalf. Provided, however, this Section shall not operate to require payment of a lump-sum death benefit under Section 4.1 to the amended and restated plan document that would not otherwise be paid.



Schedule MB, Line 6 - Summary of Plan Provisions

Lump Sum Death Benefits

Lump Sum

In the event of death of a non-married or non-vested participant prior to retirement, a death benefit will be payable to his beneficiary in an amount equal to the total contributions made or required to be made on his behalf. The participant must not have within two years of his death performed bargaining unit work that is not employed in the union electrical industry.

Forms of Payment

Normal Form

- (a) For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor Annuity with Pop-Up unless this form is rejected by a participant and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form.
- (b) For non-married participants, benefits are paid in the form of a 3 Year Certain and Life Annuity.

Optional Forms available for married participants

- (a) 66 2/3% Joint and Survivor Annuity with Pop-Up
- (b) 75% Joint and Survivor Annuity with Pop-Up
- (c) 100% Joint and Survivor Annuity with Pop-Up

Optional Forms available for all participants

- (a) 10 Year Certain and Life Annuity

Death of Spouse after Retirement

If a participant receives benefits under a Joint and Survivor Annuity with Pop-Up and his or her spouse dies before the participant, the monthly benefit amount will be increased to the amount the participant would have received under the 3 Year Certain and Life Annuity option.

Actuarial Equivalence

Benefits under optional forms of payment are converted from the amount payable under the Life Annuity, based on assumptions of 6.0% interest and the 1965 Projected Annuity Mortality Table.



Schedule MB, Line 6 - Summary of Plan Provisions

<i>Contribution Rates</i>	5% of wages.
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<i>Changes in Plan Provisions</i>	None
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IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 5 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
UNITED STATES TREAS DTD 02/15/2018 2.75% 02/15/2028 Cusip: 9128283W8	1,205,000.0000	98.49	1,186,828.60	1,168,411.92	18,416.68	12,516.61 33,137.50	0.0350
UNITED STATES TREAS DTD 11/15/2016 2.00% 11/15/2026 Cusip: 912828U24	1,180,000.0000	98.68	1,164,412.20	1,134,792.70	29,619.50	3,064.09 23,600.00	0.0350
UNITED STATES TREAS DTD 11/15/2018 3.125% 11/15/2028 Cusip: 9128285M8	1,195,000.0000	98.88	1,181,651.85	1,168,554.88	13,096.97	4,848.50 37,343.75	0.0350
UNITED STATES TREAS 0% NTS DTD 1/31/2023 3.50% 1/31/2028 Cusip: 91282CGH8	475,000.0000	100.02	475,095.00	462,412.54	12,682.46	6,957.20 16,625.00	0.0350
UNITED STATES TREAS 0.625% PIDI DTD 8/15/2020 0.625% 8/15/2030 .625% 08/15/2030 Cusip: 91282CAE1	2,020,000.0000	87.02	1,757,723.20	1,644,524.35	113,198.85	4,768.68 12,625.00	0.0370
UNITED STATES TREAS 1.5% NTS DTD 11/30/2021 1.50% 11/30/2028 11/30/2028 Cusip: 91282CDL2	1,875,000.0000	94.38	1,769,681.25	1,685,346.67	84,334.58	2,472.53 28,125.00	0.0350
UNITED STATES TREAS 2.875% DTD 5/15/2022 2.875% 5/15/2032 Cusip: 91282CEP2	1,140,000.0000	94.29	1,074,894.60	1,045,982.93	28,911.67	4,255.32 32,775.00	0.0390
UNITED STATES TREAS 3.5% NTS DTD 1/31/2023 3.50% 1/31/2030 Cusip: 91282CGJ4	1,855,000.0000	99.43	1,844,352.30	1,781,866.87	62,485.43	27,169.70 64,925.00	0.0370
UNITED STATES TREAS 3.5% NTS DTD 2/15/2023 3.50% 2/15/2033 Cusip: 91282CGM7	1,700,000.0000	97.18	1,652,128.00	1,629,926.46	22,201.54	22,474.18 59,500.00	0.0400
UNITED STATES TREAS 4% NTS DTD 10/31/2022 4.00% 10/31/2029 10/31/2029 Cusip: 91282CFT3	665,000.0000	101.31	673,704.85	659,671.72	14,033.13	4,555.80 26,600.00	0.0360
UNITED STATES TREAS BDS DTD 11/15/2017 2.25% 11/15/2027 Cusip: 9128283F5	1,055,000.0000	97.78	1,031,589.55	1,002,589.77	28,999.78	3,081.94 23,737.50	0.0350
UNITED STATES TREAS BDS DTD 5/15/2016 1.625% 5/15/2026 Cusip: 912828R36	690,000.0000	99.30	685,149.30	666,719.34	18,429.96	1,455.77 11,212.50	0.0350



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 6 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
U S Government Obligations							
UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Cusip: 9128284N7	1,225,000.0000	98.57	1,207,531.50	1,174,529.99	33,001.51	4,572.60 35,218.75	0.0350
UNITED STATES TREAS NTS 4.625%09/30/30 Ser Q-2030 DTD 9/30/2023 4.625% 9/30/20 Cusip: 91282CHZ7	1,290,000.0000	103.91	1,340,490.60	1,310,946.49	29,544.11	15,243.44 59,662.50	0.0370
UNITED STATES TREAS US TREASURY DTD 11/15/2021 1.375% 11/15/2031 Cusip: 91282CDJ7	765,000.0000	87.11	666,360.90	640,081.46	26,279.44	1,365.69 10,518.75	0.0380
Total U S Government Obligations			17,711,593.70	17,176,358.09	535,235.61	118,802.05	
			Total US Gov't			475,606.25	
Asset Back Securities							
BRIDGECREST LD AUTO SEC Ser 2025-2 DTD 5/23/2025 5.17% 3/15/2031 Cusip: 10807HAE6, Standard & Poor's A	220,000.0000	101.29	222,834.44	219,963.57	2,870.87	505.51 11,374.00	
BRIDGECRST LDG AT SC TR Ser 2025-4 DTD 10/22/2025 4.80% 8/15/20 Cusip: 10807UAE7, Standard & Poor's A	260,000.0000	100.53	261,384.50	260,741.41	643.09	554.67 12,480.00	
BRIDGEST LDG AUT SEC TR Ser 2024-3 DTD 7/24/2024 5.83% 5/15/2030 Cusip: 10805NAF2, Standard & Poor's BBB	200,000.0000	102.15	204,305.26	203,390.62	914.64	518.22 11,660.00	
CARMAX AUTO OWNER TRUST Ser 2023-4 DTD 10/18/2023 7.16% 4/15/20 Cusip: 14318XAG0, Standard & Poor's BBB	270,000.0000	104.10	281,079.07	282,339.85	(1,260.78)	859.20 19,332.00	
CARMAX AUTO OWNER TRUST 2022-4 ABS 8.08% 04/16/2029 Cusip: 14318UAH4, Standard & Poor's AA-	250,000.0000	103.26	258,152.85	263,766.15	(5,613.30)	1,683.33 20,200.00	
CARMAX AUTO OWNER TRUST 4.98% 02/15/2028 Cusip: 14318MAG4, Standard & Poor's AAA	240,000.0000	100.47	241,130.64	239,835.22	1,295.42	531.20 11,952.00	
EXETER AUTO REC TR Ser 2025-4 DTD 8/27/2025 4.57% 6/16/2031 Cusip: 30167KAE1, Standard & Poor's A	260,000.0000	100.27	260,691.24	259,978.52	712.72	528.09 11,882.00	
EXETER AUTOMOBILE RECEIVABLES TR ABS 7.4% 02/15/2029 Cusip: 30167FAF9, Standard & Poor's BBB+	265,558.5800	101.10	268,490.24	273,089.65	(4,599.41)	1,665.00 19,651.33	
EXETER AUTOMOBILE REC Ser 2025-5 DTD 11/17/2025 4.68% 3/15/20 Cusip: 30166VAJ7, Standard & Poor's A	260,000.0000	100.30	260,790.61	261,025.78	(235.17)	540.80 12,168.00	



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 7 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Asset Back Securities							
FORD CR AUTO OWNER TR 5.07% 01/15/2029 Cusip: 344928AF3, Standard & Poor's AAA	230,000.0000	101.02	232,350.05	230,961.15	1,388.90	518.27 11,661.00	
GM FINAN AB LEASING TR Ser 2025-2 DTD 5/29/2025 5.04% 10/22/20 Cusip: 362962AG7, Standard & Poor's A+	250,000.0000	101.17	252,920.08	252,968.75	(48.67)	385.00 12,600.00	
SANTANDER DR AUT REC 5.69% 02/18/2031 Cusip: 802918AF9, Standard & Poor's AAA	210,000.0000	100.70	211,464.83	212,697.01	(1,232.18)	531.07 11,949.00	
Total Asset Back Securities			Ⓢ 2,955,593.81	2,960,757.68	(5,163.87)	8,820.36 166,909.33	
Corporate Bonds							
ACUITY BRANDS LTG INC 2.15% 12/15/2030-2030 Cusip: 00510RAD5, Standard & Poor's BBB	330,000.0000	89.86	296,528.10	281,795.95	14,732.15	315.33 7,095.00	0.0450
AFLAC INC 2.875% 10/15/2026-2026 Cusip: 001055AQ5, Standard & Poor's A-	240,000.0000	99.19	238,046.40	232,915.00	5,131.40	1,456.67 6,900.00	0.0390
AMERICAN EXPRESS VAR 07/27/2029 CALLABLE Cusip: 025816DH9, Standard & Poor's A-	245,000.0000	102.99	252,335.30	247,978.65	4,356.65	5,499.88 12,940.90	0.0440
AMERICAN TOWER REIT DTD 5/25/2023 5.25% 7/15/2028 Cusip: 03027XCC2, Standard & Poor's BBB+	290,000.0000	102.83	298,204.10	292,395.60	5,808.50	7,020.42 15,225.00	0.0410
AMPHENOL CORP CL A DTD 11/10/2025 3.90% 11/15/2028 Cusip: 032095AX9, Standard & Poor's A-	255,000.0000	99.89	254,719.50	254,193.00	526.50	1,408.88 9,945.00	0.0390
ARES CAPITAL CORP 7.00% 01/15/2027 Cusip: 04010LBE2, Standard & Poor's BBB	290,000.0000	102.46	297,131.10	300,259.65	(3,128.55)	9,360.56 20,300.00	0.0450
ARROW ELECTRS INC 5.15% 08/21/2029 CALLABLE Cusip: 04273WAF8, Standard & Poor's BBB-	290,000.0000	102.28	296,609.10	289,408.41	7,200.69	5,393.19 14,935.00	0.0450
ASSURANT INC 2.65% 01/15/2032-2031 Cusip: 04621XAN8, Standard & Poor's BBB	340,000.0000	88.54	301,046.20	285,793.67	15,252.53	4,154.61 9,010.00	0.0490
BK OF AMERICA CORP FR DTD 9/15/2023 0.00% 9/15/2029 Cusip: 06051GLS6, Standard & Poor's A-	240,000.0000	104.31	250,339.20	247,158.40	3,180.80	4,112.09 13,965.60	0.0450
BORG WARNER 2.65% 07/01/2027-2027 Cusip: 099724AL0, Standard & Poor's BBB	295,000.0000	97.98	289,046.90	281,082.84	7,964.06	3,908.75 7,817.50	0.0410



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 8 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
BROADCOM INC 4.15% 11/15/2030-2030 Cusip: 11135FAQ4, Standard & Poor's A-	300,000.0000	99.59	298,770.00	288,035.00	10,735.00	1,590.83 12,450.00	0.0420
CAMDEN PPTY TR NT 5.85% 11/03/2026 CALLABLE Cusip: 133131BA9, Standard & Poor's A-	230,000.0000	101.40	233,208.50	234,607.05	(1,398.55)	2,167.75 13,455.00	0.0410
CHENIERE ENERGY PARTNERS L P 4.5% 10/01/2029-2024 Cusip: 16411QAG6, Standard & Poor's BBB+	300,000.0000	100.21	300,630.00	291,226.60	9,403.40	3,375.00 13,500.00	0.0440
CITIGROUP INC SR VAR 06/11/2035 CALLABLE Cusip: 172967PL9, Standard & Poor's BBB+	285,000.0000	103.56	295,143.15	283,463.30	11,679.85	862.76 15,529.65	0.0500
COMCAST CORP 4.15% SNR PIDI NTS 15/10/2028 USD (SEC REGD) 4.15% 10/15/2028 Cusip: 20030NCT6, Standard & Poor's A-	235,000.0000	100.54	236,266.65	229,131.35	7,135.30	2,058.86 9,752.50	0.0390
CVS/CAREMARK CORP 4.3% DTD 3/9/2018 4.30% 3/25/2028 Cusip: 126650CX6, Standard & Poor's BBB	300,000.0000	100.33	300,993.00	291,720.50	9,272.50	3,440.00 12,900.00	0.0410
DUKE ENERGY FLA LLC 3.2% 01/15/2027-2026 Cusip: 26444HAC5, Standard & Poor's A	235,000.0000	99.44	233,691.05	228,860.00	4,831.05	3,467.56 7,520.00	0.0380
ENTERPRISE PRODS OPER 4.6% 01/11/2027 CALLABLE Cusip: 29379VCE1, Standard & Poor's A-	235,000.0000	100.72	236,687.30	235,060.00	1,627.30	5,104.72 10,810.00	0.0390
EOG RES INC SR NT DTD 7/1/2025 4.40% 7/15/2028 CALLABLE Cusip: 26875PAX9, Standard & Poor's A-	250,000.0000	101.12	252,795.00	251,323.80	1,471.20	5,500.00 11,000.00	0.0390
EQUINIX INC 3.2% 11/18/2029-2029 Cusip: 29444UBE5, Standard & Poor's BBB+	310,000.0000	96.00	297,584.50	286,053.20	11,531.30	1,184.89 9,920.00	0.0430
EXELON CORP 4.05% 04/15/2030-2030 Cusip: 30161NAX9, Standard & Poor's BBB+	300,000.0000	99.01	297,030.00	286,979.20	10,050.80	2,565.00 12,150.00	0.0430
FREEPORT-MCMORAN COPPER & GOLD 4.25% 03/01/2030 Cusip: 35671DCF0, Standard & Poor's BBB-	300,000.0000	99.15	297,450.00	286,236.70	11,213.30	4,250.00 12,750.00	0.0450
GOLDMAN SACHS BK VAR 03/18/2027 CALLABLE Cusip: 38151LAF7, Standard & Poor's A+	230,000.0000	100.25	230,575.00	231,284.80	(709.80)	3,476.51 12,150.90	0.0510



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 9 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
HUNTINGTON BANCSHARES INC DTD 2/2/2024 0.00% 2/2/2035 Cusip: 446150BD5, Standard & Poor's BBB+	285,000.0000	104.46	297,708.15	294,155.30	3,552.85	6,734.24 16,270.65	0.0510
INTUIT SR NT 5.25% 09/15/2026 CALLABLE Cusip: 46124HAE6, Standard & Poor's A	230,000.0000	100.84	231,934.30	232,429.25	(494.95)	3,555.42 12,075.00	0.0400
JPMORGAN CHASE & CO 4.912% 07/25/2033 Cusip: 46647PDH6, Standard & Poor's A	400,000.0000	101.87	407,484.00	392,235.40	15,248.60	8,514.13 19,648.00	0.0460
JPMORGAN CHASE & CO SR 0.00% 10/23/2029 Cusip: 46647PDX1, Standard & Poor's A	240,000.0000	105.33	252,792.00	249,078.45	3,713.55	2,759.44 14,608.80	0.0450
KLA-TENCOR CORP 4.1% 03/15/2029-2028 Cusip: 482480AG5, Standard & Poor's A-	240,000.0000	100.23	240,544.80	236,037.90	4,506.90	2,897.33 9,840.00	0.0400
LAZARD GROUP LLC 4.5% 09/19/2028-2028 Cusip: 52107QAJ4, Standard & Poor's BBB+	295,000.0000	100.65	296,902.75	289,416.10	7,486.65	3,761.25 13,275.00	0.0420
LENNOX INTL INC SR NT 5.50% 09/15/2028 CALLABLE Cusip: 526107AG2, Standard & Poor's BBB	290,000.0000	103.19	299,259.70	295,444.00	3,815.70	4,696.39 15,950.00	0.0420
MARRIOTT INTL INC NEW SR GLBL DTD 2/26/2025 5.10% 4/15/2032 CALLABLE Cusip: 571903BT9, Standard & Poor's BBB	290,000.0000	102.98	298,647.80	289,597.75	9,050.05	3,122.33 14,790.00	0.0450
MASCO CORP 1.5% 02/15/2028-2027 Cusip: 574599BS4, Standard & Poor's BBB	240,000.0000	94.65	227,160.00	216,924.20	10,235.80	1,360.00 3,600.00	0.0420
MERITAGE HOMES CORP SR NT DTD 3/6/2025 5.65% 3/15/2035 CALLABLE Cusip: 59001ABG6, Standard & Poor's BBB-	290,000.0000	102.17	296,287.20	288,120.15	8,167.05	4,824.47 16,385.00	0.0530
MORGAN STANLEY FR 6.296% DTD 10/18/2022 6.296% 10/18/2028 Cusip: 61747YEV3, Standard & Poor's A-	240,000.0000	103.88	249,316.80	248,830.85	485.95	3,064.05 15,110.40	0.0480
NATIONAL RURAL UTILS 5.05% 09/15/2028 CALLABLE Cusip: 63743HJF6, Standard & Poor's A-	230,000.0000	102.60	235,977.70	231,731.30	4,246.40	3,419.97 11,615.00	0.0400
NETFLIX.COM INC 6.375% 05/15/2029 Cusip: 64110LAX4, Standard & Poor's A	220,000.0000	107.00	235,395.60	235,472.60	(77.00)	1,792.08 14,025.00	0.0410
ORACLE CORP SR GLBL DTD 9/26/2025 4.80% 9/26/2032 CALLABLE Cusip: 68389XDK8, Standard & Poor's BBB	305,000.0000	96.54	294,453.10	305,268.50	(10,815.40)	3,863.33 14,640.00	0.0540



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 10 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
OSHKOSH TRUCK CORP 4.6% 05/15/2028-2028 Cusip: 688239AF9, Standard & Poor's BBB	275,000.0000	101.23	278,368.75	271,579.20	6,789.55	1,616.39 12,650.00	0.0410
PNC FINL SVCS GROUP VAR 05/14/2030 CALLABLE Cusip: 693475BX2, Standard & Poor's A-	245,000.0000	104.12	255,098.90	254,461.90	637.00	1,756.68 13,455.40	0.0440
PROLOGIS L P 2.125% 04/15/2027-2027 Cusip: 74340XBN0, Standard & Poor's A	245,000.0000	97.87	239,779.05	232,089.55	7,689.50	1,099.10 5,206.25	0.0380
PUBLIC SERVICE ELEC & GAS 3.7% 05/01/2028-2028 Cusip: 74456QBU9, Standard & Poor's A	240,000.0000	99.60	239,037.60	231,981.60	7,056.00	1,480.00 8,880.00	0.0390
QUANTA SVCS INC 4.75% 08/09/2027 CALLABLE Cusip: 74762EAK8, Standard & Poor's BBB	170,000.0000	101.21	172,057.00	169,737.30	2,319.70	3,185.14 8,075.00	0.0400
ROPER TECHNOLOGIES INC 4.2% 09/15/2028-2028 Cusip: 776743AF3, Standard & Poor's BBB+	295,000.0000	100.28	295,823.05	288,623.10	7,199.95	3,648.17 12,390.00	0.0410
SABRA HEALTH CARE LTD PARTNERSHI 3.2% 12/01/2031-2031 Cusip: 78574MAA1, Standard & Poor's BBB-	325,000.0000	91.50	297,368.50	295,946.65	1,421.85	866.67 10,400.00	0.0490
SCHWAB CHARLES CORP VAR 05/19/2029 CALLABLE Cusip: 808513CD5, Standard & Poor's A-	240,000.0000	103.81	249,144.00	244,998.90	4,145.10	1,580.04 13,543.20	0.0450
SNAP ON INC 3.25% 03/01/2027-2026 Cusip: 833034AK7, Standard & Poor's A-	240,000.0000	99.24	238,168.80	233,160.15	5,008.65	2,600.00 7,800.00	0.0390
SYSCO 5.95% 04/01/2030-2030 Cusip: 871829BL0, Standard & Poor's BBB	280,000.0000	106.05	296,926.00	292,198.80	4,727.20	4,165.00 16,660.00	0.0440
T-MOBILE USA INC 4.75% 02/01/2028-2023 Cusip: 87264AAV7, Standard & Poor's BBB	275,000.0000	100.04	275,107.25	273,462.40	1,644.85	5,442.71 13,062.50	0.0470
TARGA RESOURCES PARTNERS 4.875% SNR NTS 01/02/2031 USD (SEC REGD) 4.875% 02/01/2031 Cusip: 87612BBS0, Standard & Poor's BBB	295,000.0000	100.61	296,802.45	285,564.85	11,237.60	5,992.19 14,381.25	0.0470
UNION ELEC CO 2.95% 06/15/2027-2027 Cusip: 906548CM2, Standard & Poor's A	240,000.0000	98.95	237,472.80	230,645.00	6,827.80	314.67 7,080.00	0.0370

**IBEW 728 PENSION TRUST FUND**

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 11 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
VERISIGN INC 4.75% 07/15/2027-2022 Cusip: 92343EAL6, Standard & Poor's BBB	260,000.0000	100.01	260,031.20	259,669.80	361.40	5,694.72 12,350.00	0.0470
VERISK ANALYTICS INC 4.125% 03/15/2029-2028 Cusip: 92345YAF3, Standard & Poor's BBB	300,000.0000	99.80	299,406.00	291,514.55	7,891.45	3,643.75 12,375.00	0.0420
WASTE MGMT INC 4.95% 07/03/2027 CALLABLE Cusip: 94106LBX6, Standard & Poor's A-	185,000.0000	101.69	188,120.95	186,973.95	1,147.00	4,527.88 9,157.50	0.0380
WELLS FARGO & CO FR VAR 04/22/2028 CALLABLE Cusip: 95000U3L5, Standard & Poor's BBB+	290,000.0000	102.07	296,003.00	294,899.15	1,103.85	3,172.14 16,550.30	0.0470
WELLTOWER INC 4.125% 03/15/2029-2028 Cusip: 95040QAH7, Standard & Poor's A-	250,000.0000	100.17	250,432.50	245,963.30	4,469.20	3,036.46 10,312.50	0.0410
WORKDAY INC 3.7% 04/01/2029-2029 Cusip: 98138HAH4, Standard & Poor's BBB+	230,000.0000	98.58	226,722.50	219,323.90	7,398.60	2,127.50 8,510.00	0.0420
Total Corporate Bonds			© 15,040,564.25	14,744,498.47	296,065.78	191,987.90 676,693.80	
Foreign Bonds and Notes							
ENBRIDGE INC 3.125% DTD 11/15/2019 3.125% 11/15/2029 Cusip: 29250NAZ8, Standard & Poor's BBB+	310,000.0000	95.76	296,840.50	284,791.50	12,049.00	1,237.85 9,687.50	0.0430
Total Foreign Bonds and Notes			© 296,840.50	284,791.50	12,049.00	1,237.85 9,687.50	
Σ © 18,292,999 Total Corporate Debt							
C I F - Fixed Income							
JPMCB STRATEGIC PROPERTY FUND Bank: CIFF03144	132,481.2292	11.44 09/30/25	1,515,187.82	1,515,632.60	(444.78)	0.00 0.00	
Total C I F - Fixed Income			1,515,187.82	1,515,632.60	(444.78)	0.00 0.00	
Total Debt Securities			37,519,780.08	36,682,038.34	837,741.74	320,848.16 1,328,896.88	

Invesco IBEW NECA CCT \$1,236,766
1,515,188
2,751,954
Total CCTs



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 12 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Equity Securities							
Closely Held - Equity							
BOYD WATTERSON GSA FUND LP Bank: CHB030906	1,287.4100	982.06 09/30/25	1,264,309.94	Limited Partnership	(6,020.09)	0.00	
RHUMBLINE RUSSELL 1000 GROWTH Bank: CHEF00031	39,718.6722	127.96 11/30/25	Ⓟ 5,082,267.28	4,260,725.64	821,541.64	0.00	
RHUMBLINE RUSSELL 1000 VALUE Bank: CHL000094	79,826.8020	67.70 11/30/25	Ⓟ 5,404,017.54	4,695,710.45	708,307.09	0.00	
RHUMBLINE S & P POOLED INDEX Bank: CHEF00029	19,464.7449	276.65 11/30/25	Ⓟ 5,384,901.96	4,549,944.68	834,957.28	0.00	
RHUMBLINE S&P SMALL-CAP POOLED Bank: CHEF00027	58,100.6856	91.54 11/30/25	Ⓟ 5,318,693.22	4,938,892.19	379,801.03	0.00	
RHUMBLINE S&P MID-CAP 400 POOLED Bank: CHL000093	31,359.3836	200.25 11/30/25	Ⓟ 6,279,822.77	5,787,404.78	492,417.99	0.00	
Total Closely Held - Equity	Σ Ⓟ 27,469,703	Total 103-12	28,734,012.71	25,503,007.77	3,231,004.94	0.00	0.00
Mutual Funds - Open End							
FIDELITY INTERNATIONAL INDEX FUND-PRM Cusip: 315911727	138,841.4850	60.80	8,441,562.29	RIC	6,660,654.50	1,780,907.79	0.00 532,318.25
Total Mutual Funds - Open End			8,441,562.29	6,660,654.50	1,780,907.79	0.00	532,318.25
Total Equity Securities			37,175,575.00	32,163,662.27	5,011,912.73	0.00	532,318.25
Short Term Investments							
Short Term Investments							
INVESCO STIT TREASURY INSTITUTIONAL- PRI FUND Cusip: SWTRPXX01, Bank: 825252406	585,087.3300	1.00	585,087.33	585,087.33	0.00	2,201.63 21,404.80	
Total Short Term Investments			585,087.33	585,087.33	0.00	2,201.63	21,404.80



IBEW 728 PENSION TRUST FUND

Account Number:

Detailed Holdings
For the Period January 01, 2025 - December 31, 2025

Page 13 of 227

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Cash							
U.S. DOLLAR PAYABLE - PRINCIPAL Bank: USD	-30,424.6100	1.00	(30,424.61)	(30,424.61)	0.00	0.00 0.00	
Total Cash			(30,424.61)	(30,424.61)	0.00	0.00 0.00	
Total Short Term Investments			554,662.72	Interest-bearing Cash		0.00	2,201.63 21,404.80
Total Market Value			75,250,017.80	69,400,363.33	5,849,654.47	323,049.79 1,882,619.93	

----- manifest line -----

BOARD OF TRUSTEE FBO
IBEW LOCAL 728 PENSION TRUST FUND
DAVID SVETLICK
201 SE 24TH STREET
FORT LAUDERDALE FL 33316

Account Statement

January 2, 2025 through December 31, 2025



Page 1 of 2



INTERNET ADDRESS: www.invescotrustcompany.com



Additional information about this account is available at www.invescotrustcompany.com.
Fund performance and fund holdings for each fund, including the Invesco Short Term Investment Fund which is used as a cash sweep vehicle, is available either 5 or 10 business days after month end.
Please register for the site to obtain specific account information as well as the current fund organizational documents, an annual report of each fund, Form 5500 Schedule C information, and relevant Part 2B of Form ADV. If you have any questions, please contact your Invesco relationship contact.

ACCOUNT SUMMARY

FUND	ACCOUNT NUMBER	SHARE PRICE ON 12/31/25	SHARES OWNED ON 12/31/25	MARKET VALUE ON 12/31/25
IBEW-NECA STABLE VALUE TRUST CL BASIC		\$528.05	2,342.138	\$1,236,765.97
TOTAL DOLLAR VALUE			CCT	\$1,236,765.97

YEAR-TO-DATE PORTFOLIO ACTIVITY SUMMARY

FUND	FUND-ACCOUNT NUMBER	PURCHASES	WITHDRAWALS	DIVIDENDS
IBEW-NECA STABLE VALUE TRUST CL BASIC		\$0.00	\$0.00	\$0.00
TOTAL PORTFOLIO ACTIVITY YEAR-TO-DATE		\$0.00	\$0.00	\$0.00

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

Distribution of Active Participants

Measurement Date: January 1, 2025

[Form 5500 Sch. MB, Line 8b(2)]

Years of Vesting Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	8	17	-	-	-	-	-	-	-	-	25
25 - 29	4	38	6	-	-	-	-	-	-	-	48
30 - 34	7	31	17	2	-	-	-	-	-	-	57
35 - 39	1	27	41	7	4	-	-	-	-	-	80
40 - 44	3	10	16	13	15	7	-	-	-	-	64
45 - 49	2	15	13	10	13	9	2	-	-	-	64
50 - 54	4	5	8	12	5	9	1	2	-	-	46
55 - 59	7	8	9	9	8	6	11	4	1	1	64
60 - 64	7	6	8	6	8	8	7	5	2	2	59
65 - 69	3	4	5	5	4	2	2	1	-	2	28
70 +	-	1	-	1	-	-	-	1	-	1	4
Total	46	162	123	65	57	41	23	13	3	6	539



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2025 Period	Balance	Annual Payment
Amendment	9/1/1995	30.00	\$ 35,282	0.67	\$ 1,710	\$ 1,710
Amendment	9/1/1996	30.00	1,291,358	1.67	147,566	88,505
Amendment	9/1/1997	30.00	559,033	2.67	98,649	38,314
Assumption	9/1/1997	30.00	1,156,780	2.67	59,303	23,034
Assumption	1/1/1998	30.00	684,104	3.00	16,651	5,868
Amendment	1/1/1999	30.00	1,185,723	4.00	135,155	36,804
Amendment	1/1/2000	30.00	1,263,554	5.00	272,389	61,005
Assumption	1/1/2001	30.00	433,359	6.00	154,809	29,701
Assumption	1/1/2004	30.00	294,816	9.00	145,668	20,206
Assumption	1/1/2007	30.00	353,784	12.00	215,487	24,247
ENIL (2008)	1/1/2009	29.00	1,447,899	13.00	943,116	100,506
ENIL (2008)	1/1/2010	28.00	434,370	13.00	286,828	30,567
ENIL (2008)	1/1/2011	27.00	1,184,386	13.00	793,681	84,580
Assumption	1/1/2012	15.00	26,316	2.00	4,972	2,556
ENIL (2008)	1/1/2012	26.00	1,212,011	13.00	825,148	87,933
Assumption	1/1/2013	15.00	31,662	3.00	8,714	3,075
Exper Loss	1/1/2013	15.00	30,589	3.00	8,419	2,971
Exper Loss	1/1/2014	15.00	432,654	4.00	154,361	42,026
Exper Loss	1/1/2015	15.00	404,919	5.00	175,620	39,332
Amendment	1/1/2015	15.00	1,430,132	5.00	620,272	138,915
Assumption	1/1/2015	15.00	187,382	5.00	81,271	18,201
Exper Loss	1/1/2016	15.00	982,186	6.00	497,282	95,404
Exper Loss	1/1/2017	15.00	890,015	7.00	511,561	86,451
Exper Loss	1/1/2018	15.00	1,731,904	8.00	1,107,341	168,228
Exper Loss	1/1/2019	15.00	599,414	9.00	419,782	58,224
Assumption	1/1/2019	15.00	469,422	9.00	328,746	45,597
Exper Loss	1/1/2020	15.00	1,252,576	10.00	949,221	121,669
Exper Loss	1/1/2023	15.00	739,415	13.00	673,974	71,823
Exper Loss	1/1/2024	15.00	169,125	14.00	161,859	16,428
Exper Loss	1/1/2025	15.00	1,209,560	15.00	1,209,560	117,490
Total Charges				\$	11,009,115	\$ 1,661,370



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases (cont.)

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2025		Annual Payment
				Period	Balance	
Exper Gain	1/1/2021	15.00	\$ 611,415	11.00	\$ 496,502	\$ 59,390
Exper Gain	1/1/2022	15.00	1,512,388	12.00	1,305,529	146,905
Total Credits					\$ 1,802,031	\$ 206,295
Net Total					\$ 9,207,084	\$ 1,455,075

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

Different types of amortization bases are as follows:

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



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name	Pension Plan of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund
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Plan Sponsor	Board of Trustees of the Pension Plan of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund
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EIN / PN	59-6510428/001
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Interest Rates	6.00% per annum, compounded annually, net of investment expense for determining costs and liabilities.
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The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

RPA '94 Current Liability: the highest rate within the IRS allowable range for determining current liability which is 4.01% per annum.

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



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age Active participants:

Retirement Rates per 100 Participants

Age	Not Eligible for Unreduced Retirement	Eligible for Unreduced Retirement
55	5	N/A
56	5	N/A
57	5	N/A
58	5	N/A
59	5	N/A
60	5	N/A
61	5	N/A
62	15	40
63	10	10
64	10	10
65	50	50
66	25	25
67	25	25
68	25	25
69	25	25
70	100	100

Inactive vested participants: Age 63 if eligible for early retirement or current age if later; otherwise, normal retirement age or current age if later.

The weighted average retirement age for active participants is age 64. This average is based on the active population in the January 1, 2025 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Operating Expenses

The amount included this year for operating expenses is the average of the expenses for the two Plan Years preceding the valuation, increased by 3% (\$429,242), adjusted to the beginning of year (\$417,754) and added to the normal cost. This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.

Hours Worked

It is assumed that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Contribution Income	Future contributions for each active participant are assumed to equal the actual contributions reported for such participant during the Plan Year preceding the valuation date.
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Active Participant	For valuation purposes, an active participant is a participant who worked at least 200 hours in the Plan Year ended December 31, 2024 and has not retired as of valuation date.
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Non-Disabled Mortality	<i>Non-Disabled participants and beneficiaries:</i> The RP-2018 sex-distinct blue collar mortality tables with 25% of MP-2018 generational mortality projection. The non-disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgement. For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.
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Disabled Mortality	The sex-distinct RP-2018 disabled mortality tables with 25% of MP-2018 generational mortality projection. The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experienced and professional judgement.
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Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

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

Representative Disability Rates per 100 Participants

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

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

Representative Withdrawal Rates per 100 Participants

Age	Males/Females
20	12.4
25	12.2
30	11.8
35	11.2
40	10.3
45	8.9
50	6.7
55	4.0
60 & Over	2.6

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

Form of Payment All single participants are assumed to take a 3 Year Certain and Life Annuity. All married participants are assumed to take a 50% Joint and Survivor Annuity with Pop-Up.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Marriage	85% of non-retired male participants and 50% of non-retired female participants are assumed to be married.
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Spouse Ages	Husbands were assumed to be three years older than their wives.
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Cost Method	The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
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Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
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Participant Data	Participant census data as of January 1, 2025 was provided by National Employee Benefits Administrators, Inc.
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Missing or Incomplete Participant Data	The following assumptions were made for missing data elements: (a) If a date of entry was unknown, then this date was estimated to be the first of the year in which a participant first accrued service. (b) If a date of birth was unknown, then this date was assigned to correspond with an age at entry of 35 years. (c) Participants with unknown gender are assumed to be male.
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Financial Information	Financial information was obtained from the audited financial statements supplied by Legacy Professionals, LLP, as of the valuation date.
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Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

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

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

Unfunded Vested Benefits for Employer Withdrawals

Valued using an interest rate of 6.00% per annum (same as fund earnings assumption used to determine other plan costs and liabilities), and the market value of assets.

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

Changes in Assumptions and Methods

None

Justification for Changes in Assumptions

There were no changes to the actuarial assumptions for this valuation.



Schedule MB Attachments

Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund
EIN / PN:	59-6510428 / 001
Plan Year:	Beginning January 1, 2025 and ending December 31, 2025
Plan Name:	Pension Plan of the International Brotherhood of Electrical Workers Local No. 728 Pension Trust Fund (the "Plan")
Enrolled Actuary:	Mark Stewart
Enrollment Number:	26-06075

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

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

The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information as reported to Horizon Actuarial Services, LLC by Legacy Professionals, LLP, during the period January 1, 2025 to December 31, 2025.

Attached as separate exhibits are:

- A statement of actuarial assumptions and cost methods, as required under Line 6, including changes in actuarial assumptions and an identification of benefits not included in the valuation.
- A summary of principal eligibility and benefit provisions, as required under Line 6, including a summary of changes in principal eligibility or benefit provisions.
- A schedule of projection of expected benefit payment, as required under Line 8b(1).
- A schedule of the active plan participant data used in the valuation for the 2025 plan year, as required under Line 8b(2).
- A schedule of projection of employer contributions and employer withdrawal liability payments, as required under Line 8b(3).
- A schedule of amortization bases, as required under Lines 9c and 9h.



SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
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NAME	SERVICE CODES
COMERICA	19
COMERICA	49
COMERICA	59
COMERICA	62
COMERICA	72
COMERICA	21
COMERICA	28

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	9,605.	5,740.
ACCRUED INTEREST AND DIVIDENDS	298,384.	323,050.
TOTAL TO SCHEDULE H, LINE 1B(3)	307,989.	328,790.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3
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DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ORGANIZATIONS	1,033.	8,895.
TOTAL TO SCHEDULE H, LINE 1J	1,033.	8,895.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

CONSULTING FEES	10,800.
ELECTRICAL RECIPROCAL TRANSFER PROGRAM	2,580.
FRINGE BENEFITS COORDINATOR	16,878.
INSURANCE	10,054.
PENSION BENEFIT GUARANTY CORPORATION	49,396.
PRINTING AND POSTAGE	7,440.
TOTAL TO SCHEDULE H, LINE 2I(11)	97,148.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Exhibit A - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: January 1, 2025

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

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2025	\$ 2,095,720	\$ 0	\$ 2,095,720
2026	\$ 2,095,720	0	2,095,720
2027	\$ 2,095,720	0	2,095,720
2028	\$ 2,095,720	0	2,095,720
2029	\$ 2,095,720	0	2,095,720
2030	\$ 2,095,720	0	2,095,720
2031	\$ 2,095,720	0	2,095,720
2032	\$ 2,095,720	0	2,095,720
2033	\$ 2,095,720	0	2,095,720
2034	\$ 2,095,720	0	2,095,720

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, total hours worked are assumed to be 863,000 hours per year for all future plan years.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.



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

Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2025

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

Expected Benefit Payments

Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2025	348,523	380,969	3,021,802	3,751,294
2026	612,965	492,938	2,952,150	4,058,053
2027	813,959	592,959	2,872,941	4,279,859
2028	989,648	705,369	2,788,351	4,483,368
2029	1,183,467	766,321	2,703,753	4,653,541
2030	1,374,421	789,838	2,613,945	4,778,204
2031	1,532,010	914,879	2,519,390	4,966,279
2032	1,642,218	962,072	2,414,520	5,018,810
2033	1,748,958	1,000,935	2,307,655	5,057,548
2034	1,831,667	1,049,577	2,198,586	5,079,830
2035	1,897,921	1,091,985	2,085,948	5,075,854
2036	1,970,252	1,127,067	1,970,588	5,067,907
2037	2,036,973	1,203,019	1,852,417	5,092,409
2038	2,085,157	1,256,650	1,732,140	5,073,947
2039	2,138,035	1,282,838	1,610,594	5,031,467
2040	2,176,383	1,324,613	1,488,722	4,989,718
2041	2,217,110	1,340,847	1,367,539	4,925,496
2042	2,243,303	1,377,023	1,248,091	4,868,417
2043	2,290,889	1,421,962	1,131,413	4,844,264
2044	2,324,585	1,438,488	1,018,481	4,781,554
2045	2,358,020	1,437,850	910,182	4,706,052
2046	2,378,873	1,434,734	807,298	4,620,905
2047	2,376,237	1,429,460	710,490	4,516,187
2048	2,350,352	1,389,870	620,307	4,360,529
2049	2,314,290	1,389,219	537,158	4,240,667

Notes

- Expected benefit payments assume no additional accruals, no new entrants to the plan in the future, and experience consistent with the valuation assumptions.



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

Schedule of Projection of Expected Benefit Payments(cont.)

Measurement Date: January 1, 2025

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

Expected Benefit Payments

Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2050	2,272,633	1,387,525	461,314	4,121,472
2051	2,238,985	1,396,611	392,914	4,028,509
2052	2,192,463	1,354,945	331,932	3,879,340
2053	2,148,769	1,318,547	278,186	3,745,502
2054	2,101,269	1,281,655	231,334	3,614,258
2055	2,028,626	1,238,381	190,933	3,457,939
2056	1,957,043	1,185,442	156,465	3,298,950
2057	1,875,320	1,130,941	127,362	3,133,623
2058	1,799,302	1,071,920	103,037	2,974,258
2059	1,723,517	1,013,051	82,903	2,819,472
2060	1,645,655	955,840	66,393	2,667,888
2061	1,571,663	901,441	52,968	2,526,072
2062	1,491,666	843,421	42,139	2,377,225
2063	1,412,861	786,807	33,461	2,233,129
2064	1,334,475	731,718	26,550	2,092,743
2065	1,258,193	678,264	21,071	1,957,528
2066	1,181,981	626,550	16,741	1,825,271
2067	1,108,109	576,744	13,323	1,698,176
2068	1,035,878	528,872	10,624	1,575,375
2069	965,103	482,996	8,491	1,456,590
2070	896,221	439,170	6,800	1,342,192
2071	829,320	397,453	5,452	1,232,225
2072	764,413	357,903	4,372	1,126,689
2073	701,597	320,572	3,504	1,025,674

Notes

- Expected benefit payments assume no additional accruals, no new entrants to the plan in the future, and experience consistent with the valuation assumptions.



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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND 2010 N.W. 150TH AVENUE SUITE 200 PEMBROKE PINES FL 33028-1123	2b Employer Identification Number (EIN) 59-6510428 2c Plan Sponsor's telephone number 954-266-6322 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	DocuSigned by: Zac Cassidy (107CDD00A761962)	7/17/2026	Zac Cassidy
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by: James Stubblefield A5E748E60DA4485	7/19/2026	James Stubblefield
	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 1,427
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a (1) Total number of active participants at the beginning of the plan year	6a(1) 539
a (2) Total number of active participants at the end of the plan year	6a(2) 592
b Retired or separated participants receiving benefits	6b 374
c Other retired or separated participants entitled to future benefits	6c 384
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 1,350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 116
f Total. Add lines 6d and 6e	6f 1,466
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 50
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1C	

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information) - Number Attached ____
(4) ☐ DCG (Individual Plan Information) - Number Attached ____	(4) ☒ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan Information)	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 178 of 227

Date	Transaction	Description	EBT Cost	Market Value
IBEW 728 PENSION TRUST FUND				
01/02/2025	SWEEP PURCHASE	1,160.09 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,160.09	1,160.09
01/02/2025	SWEEP PURCHASE	1.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.76	1.76
01/02/2025	SWEEP SALE	0.01 share INVESCO STIT TREASURY INSTL	0.01	0.01
01/02/2025	SWEEP PURCHASE	5,335.53 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5,335.53	5,335.53
01/02/2025	SWEEP PURCHASE	640.9 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	640.90	640.90
01/03/2025	SWEEP PURCHASE	0.01 share INVESCO STIT TREASURY INSTL STATE COST: 0.00	0.01	0.01
01/03/2025	SWEEP PURCHASE	4,578.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,578.75	4,578.75
01/09/2025	SWEEP PURCHASE	3.7 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	3.70	3.70
01/13/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
01/13/2025	SWEEP PURCHASE	5,520 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5,520.00	5,520.00
01/15/2025	SWEEP SALE	141,297.24 shares INVESCO STIT TREASURY INSTL	141,297.24	141,297.24



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 179 of 227

Date	Transaction	Description	EBT Cost	Market Value
01/15/2025	SWEEP PURCHASE	17,608.01 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	17,608.01	17,608.01
01/15/2025	SWEEP PURCHASE	29,761.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	29,761.98	29,761.98
01/15/2025	SWEEP PURCHASE	27,880.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	27,880.11	27,880.11
01/17/2025	SWEEP PURCHASE	2,972.92 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,972.92	2,972.92
01/21/2025	SWEEP PURCHASE	25.81 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	25.81	25.81
01/22/2025	SWEEP PURCHASE	44,880.53 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	44,880.53	44,880.53
01/24/2025	SWEEP PURCHASE	429,255.6 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	429,255.60	429,255.60
01/24/2025	SWEEP PURCHASE	3,657.37 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	3,657.37	3,657.37
01/27/2025	SWEEP PURCHASE	425,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	425,000.00	425,000.00
01/27/2025	SWEEP PURCHASE	9,701.2 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	9,701.20	9,701.20



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 180 of 227

Date	Transaction	Description	EBT Cost	Market Value
01/27/2025	SWEEP SALE	425,000 shares INVESCO STIT TREASURY INSTL	425,000.00	425,000.00
01/28/2025	SWEEP PURCHASE	6,206.35 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,206.35	6,206.35
01/31/2025	SWEEP PURCHASE	56,087.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	56,087.50	56,087.50
01/31/2025	SWEEP SALE	227,934.43 shares INVESCO STIT TREASURY INSTL	227,934.43	227,934.43
02/03/2025	SWEEP PURCHASE	927.46 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	927.46	927.46
02/03/2025	SWEEP PURCHASE	1.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.76	1.76
02/03/2025	SWEEP SALE	0.01 share INVESCO STIT TREASURY INSTL	0.01	0.01
02/03/2025	SWEEP PURCHASE	14,801.69 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,801.69	14,801.69
02/03/2025	SWEEP PURCHASE	1,010.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,010.98	1,010.98
02/04/2025	SWEEP PURCHASE	0.01 share INVESCO STIT TREASURY INSTL STATE COST: 0.00	0.01	0.01
02/06/2025	SWEEP SALE	71,666.55 shares INVESCO STIT TREASURY INSTL	71,666.55	71,666.55



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 181 of 227

Date	Transaction	Description	EBT Cost	Market Value
02/10/2025	SWEEP PURCHASE	4,393.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,393.75	4,393.75
02/10/2025	SWEEP SALE	123,992.78 shares INVESCO STIT TREASURY INSTL	123,992.78	123,992.78
02/11/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
02/13/2025	SWEEP PURCHASE	242,418 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	242,418.00	242,418.00
02/18/2025	SWEEP PURCHASE	691,736.31 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	691,736.31	691,736.31
02/18/2025	SWEEP SALE	178,071.83 shares INVESCO STIT TREASURY INSTL	178,071.83	178,071.83
02/19/2025	SWEEP SALE	438,514.39 shares INVESCO STIT TREASURY INSTL	438,514.39	438,514.39
02/19/2025	SWEEP SALE	45,978.03 shares INVESCO STIT TREASURY INSTL	45,978.03	45,978.03
02/21/2025	SWEEP PURCHASE	7,338.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,338.75	7,338.75
02/21/2025	SWEEP PURCHASE	208 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	208.00	208.00
02/26/2025	SWEEP SALE	49,266.71 shares INVESCO STIT TREASURY INSTL	49,266.71	49,266.71
02/28/2025	SWEEP SALE	63,020.62 shares INVESCO STIT TREASURY INSTL	63,020.62	63,020.62



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 182 of 227

Date	Transaction	Description	EBT Cost	Market Value
03/03/2025	SWEEP PURCHASE	1,471.04 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,471.04	1,471.04
03/03/2025	SWEEP PURCHASE	1.58 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.58	1.58
03/03/2025	SWEEP SALE	0.01 share INVESCO STIT TREASURY INSTL	0.01	0.01
03/03/2025	SWEEP PURCHASE	280,008.07 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	280,008.07	280,008.07
03/03/2025	SWEEP PURCHASE	4,365.23 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,365.23	4,365.23
03/04/2025	SWEEP PURCHASE	0.01 share INVESCO STIT TREASURY INSTL STATE COST: 0.00	0.01	0.01
03/06/2025	SWEEP SALE	228,709.7 shares INVESCO STIT TREASURY INSTL	228,709.70	228,709.70
03/11/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
03/12/2025	SWEEP SALE	219,717.96 shares INVESCO STIT TREASURY INSTL	219,717.96	219,717.96
03/17/2025	SWEEP PURCHASE	40,163.83 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	40,163.83	40,163.83
03/17/2025	SWEEP PURCHASE	66,519.27 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	66,519.27	66,519.27



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 183 of 227

Date	Transaction	Description	EBT Cost	Market Value
03/18/2025	SWEEP PURCHASE	17,048.34 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	17,048.34	17,048.34
03/18/2025	SWEEP SALE	64,298.68 shares INVESCO STIT TREASURY INSTL	64,298.68	64,298.68
03/19/2025	SWEEP PURCHASE	6,412.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,412.50	6,412.50
03/19/2025	SWEEP PURCHASE	208 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	208.00	208.00
03/25/2025	SWEEP PURCHASE	6,127.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,127.50	6,127.50
03/31/2025	SWEEP PURCHASE	23,009.38 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	23,009.38	23,009.38
03/31/2025	SWEEP PURCHASE	243,481.2 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	243,481.20	243,481.20
04/01/2025	SWEEP PURCHASE	1,130.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,130.98	1,130.98
04/01/2025	SWEEP PURCHASE	1.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.76	1.76
04/01/2025	SWEEP SALE	0.01 share INVESCO STIT TREASURY INSTL	0.01	0.01
04/01/2025	SWEEP PURCHASE	19,363.16 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	19,363.16	19,363.16



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 184 of 227

Date	Transaction	Description	EBT Cost	Market Value
04/01/2025	SWEEP SALE	79,436.98 shares INVESCO STIT TREASURY INSTL	79,436.98	79,436.98
04/02/2025	SWEEP PURCHASE	0.01 share INVESCO STIT TREASURY INSTL STATE COST: 0.00	0.01	0.01
04/08/2025	SWEEP PURCHASE	3.23 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	3.23	3.23
04/09/2025	SWEEP PURCHASE	373,215.01 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	373,215.01	373,215.01
04/09/2025	SWEEP SALE	496,891.7 shares INVESCO STIT TREASURY INSTL	496,891.70	496,891.70
04/10/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
04/10/2025	SWEEP PURCHASE	2,195.39 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,195.39	2,195.39
04/10/2025	SWEEP SALE	12,138.08 shares INVESCO STIT TREASURY INSTL	12,138.08	12,138.08
04/10/2025	SWEEP SALE	229,127.03 shares INVESCO STIT TREASURY INSTL	229,127.03	229,127.03
04/15/2025	SWEEP PURCHASE	410,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	410,000.00	410,000.00
04/15/2025	SWEEP PURCHASE	90,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	90,000.00	90,000.00
04/15/2025	SWEEP PURCHASE	1,291,275.51 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,291,275.51	1,291,275.51



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 185 of 227

Date	Transaction	Description	EBT Cost	Market Value
04/15/2025	SWEEP SALE	1,300,000 shares INVESCO STIT TREASURY INSTL	1,300,000.00	1,300,000.00
04/15/2025	SWEEP PURCHASE	512,917 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	512,917.00	512,917.00
04/15/2025	SWEEP SALE	381,914.3 shares INVESCO STIT TREASURY INSTL	381,914.30	381,914.30
04/16/2025	SWEEP SALE	90,000 shares INVESCO STIT TREASURY INSTL	90,000.00	90,000.00
04/21/2025	SWEEP PURCHASE	7,083 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,083.00	7,083.00
04/22/2025	SWEEP PURCHASE	7,276.43 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,276.43	7,276.43
04/22/2025	SWEEP PURCHASE	10,165.43 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	10,165.43	10,165.43
04/23/2025	SWEEP SALE	2,668.37 shares INVESCO STIT TREASURY INSTL	2,668.37	2,668.37
04/23/2025	SWEEP SALE	1,664.84 shares INVESCO STIT TREASURY INSTL	1,664.84	1,664.84
04/24/2025	SWEEP PURCHASE	6,847.88 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,847.88	6,847.88
04/30/2025	SWEEP PURCHASE	9,600 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	9,600.00	9,600.00
05/01/2025	SWEEP PURCHASE	1,329.65 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,329.65	1,329.65



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 186 of 227

Date	Transaction	Description	EBT Cost	Market Value
05/01/2025	SWEEP PURCHASE	11.52 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	11.52	11.52
05/01/2025	SWEEP PURCHASE	5.13 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5.13	5.13
05/01/2025	SWEEP PURCHASE	40,797.96 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	40,797.96	40,797.96
05/01/2025	SWEEP PURCHASE	4,982.16 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,982.16	4,982.16
05/05/2025	SWEEP PURCHASE	6,727.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,727.50	6,727.50
05/06/2025	SWEEP SALE	13,110.83 shares INVESCO STIT TREASURY INSTL	13,110.83	13,110.83
05/09/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
05/12/2025	SWEEP PURCHASE	4,836.25 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,836.25	4,836.25
05/14/2025	SWEEP SALE	54,515.65 shares INVESCO STIT TREASURY INSTL	54,515.65	54,515.65
05/14/2025	SWEEP SALE	137,206.65 shares INVESCO STIT TREASURY INSTL	137,206.65	137,206.65
05/15/2025	SWEEP PURCHASE	62,549.55 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	62,549.55	62,549.55



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 187 of 227

Date	Transaction	Description	EBT Cost	Market Value
05/15/2025	SWEEP PURCHASE	92,208.24 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	92,208.24	92,208.24
05/15/2025	SWEEP PURCHASE	109,166.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	109,166.98	109,166.98
05/16/2025	SWEEP PURCHASE	222,632.93 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	222,632.93	222,632.93
05/19/2025	SWEEP PURCHASE	4,480 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,480.00	4,480.00
05/19/2025	SWEEP SALE	43,760.21 shares INVESCO STIT TREASURY INSTL	43,760.21	43,760.21
05/20/2025	SWEEP PURCHASE	6,489.45 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,489.45	6,489.45
05/21/2025	SWEEP SALE	138,424.81 shares INVESCO STIT TREASURY INSTL	138,424.81	138,424.81
05/23/2025	SWEEP PURCHASE	40 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	40.00	40.00
05/23/2025	SWEEP SALE	219,963.57 shares INVESCO STIT TREASURY INSTL	219,963.57	219,963.57
05/27/2025	SWEEP SALE	55,539.16 shares INVESCO STIT TREASURY INSTL	55,539.16	55,539.16
05/29/2025	SWEEP SALE	15,284.9 shares INVESCO STIT TREASURY INSTL	15,284.90	15,284.90
06/02/2025	SWEEP PURCHASE	1,523.18 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,523.18	1,523.18



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 188 of 227

Date	Transaction	Description	EBT Cost	Market Value
06/02/2025	SWEEP PURCHASE	1.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.76	1.76
06/02/2025	SWEEP PURCHASE	7.59 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.59	7.59
06/02/2025	SWEEP PURCHASE	14,953.22 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,953.22	14,953.22
06/02/2025	SWEEP PURCHASE	759.49 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	759.49	759.49
06/09/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
06/11/2025	SWEEP PURCHASE	7,219.93 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,219.93	7,219.93
06/12/2025	SWEEP PURCHASE	94,603.16 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	94,603.16	94,603.16
06/12/2025	SWEEP SALE	15,374.13 shares INVESCO STIT TREASURY INSTL	15,374.13	15,374.13
06/16/2025	SWEEP PURCHASE	6,852.08 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,852.08	6,852.08
06/16/2025	SWEEP PURCHASE	15,976.03 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	15,976.03	15,976.03
06/16/2025	SWEEP PURCHASE	6,642.42 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,642.42	6,642.42



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 189 of 227

Date	Transaction	Description	EBT Cost	Market Value
06/16/2025	SWEEP PURCHASE	268,844.58 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	268,844.58	268,844.58
06/17/2025	SWEEP PURCHASE	238,556.07 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	238,556.07	238,556.07
06/20/2025	SWEEP PURCHASE	650,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	650,000.00	650,000.00
06/20/2025	SWEEP PURCHASE	500,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	500,000.00	500,000.00
06/23/2025	SWEEP SALE	173,969.54 shares INVESCO STIT TREASURY INSTL	173,969.54	173,969.54
06/24/2025	SWEEP SALE	583,610.88 shares INVESCO STIT TREASURY INSTL	583,610.88	583,610.88
06/25/2025	SWEEP SALE	914,865.49 shares INVESCO STIT TREASURY INSTL	914,865.49	914,865.49
07/01/2025	SWEEP PURCHASE	1,007.97 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,007.97	1,007.97
07/01/2025	SWEEP PURCHASE	1.7 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.70	1.70
07/01/2025	SWEEP PURCHASE	7.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.33	7.33
07/01/2025	SWEEP PURCHASE	4,445.89 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,445.89	4,445.89



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 190 of 227

Date	Transaction	Description	EBT Cost	Market Value
07/01/2025	SWEEP SALE	63,691.34 shares INVESCO STIT TREASURY INSTL	63,691.34	63,691.34
07/03/2025	SWEEP PURCHASE	4,578.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,578.75	4,578.75
07/08/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
07/09/2025	SWEEP PURCHASE	3.63 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	3.63	3.63
07/11/2025	SWEEP PURCHASE	5,405 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5,405.00	5,405.00
07/15/2025	SWEEP PURCHASE	46,066.02 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	46,066.02	46,066.02
07/15/2025	SWEEP PURCHASE	24,204.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	24,204.98	24,204.98
07/15/2025	SWEEP PURCHASE	28,572.89 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	28,572.89	28,572.89
07/16/2025	SWEEP SALE	64,774.73 shares INVESCO STIT TREASURY INSTL	64,774.73	64,774.73
07/16/2025	SWEEP SALE	105,664.64 shares INVESCO STIT TREASURY INSTL	105,664.64	105,664.64
07/18/2025	SWEEP PURCHASE	435,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	435,000.00	435,000.00



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 191 of 227

Date	Transaction	Description	EBT Cost	Market Value
07/22/2025	SWEEP PURCHASE	733.85 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	733.85	733.85
07/23/2025	SWEEP SALE	107,985.16 shares INVESCO STIT TREASURY INSTL	107,985.16	107,985.16
07/24/2025	SWEEP SALE	2,581.28 shares INVESCO STIT TREASURY INSTL	2,581.28	2,581.28
07/24/2025	SWEEP PURCHASE	238,526.53 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	238,526.53	238,526.53
07/25/2025	SWEEP PURCHASE	9,332.8 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	9,332.80	9,332.80
07/28/2025	SWEEP PURCHASE	6,470.45 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,470.45	6,470.45
07/29/2025	SWEEP PURCHASE	15,779.74 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	15,779.74	15,779.74
07/31/2025	SWEEP PURCHASE	52,500 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	52,500.00	52,500.00
08/01/2025	SWEEP PURCHASE	1,212.59 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,212.59	1,212.59
08/01/2025	SWEEP PURCHASE	1.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.76	1.76
08/01/2025	SWEEP PURCHASE	7.59 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.59	7.59



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 192 of 227

Date	Transaction	Description	EBT Cost	Market Value
08/01/2025	SWEEP PURCHASE	5.17 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5.17	5.17
08/01/2025	SWEEP PURCHASE	13,659.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	13,659.50	13,659.50
08/01/2025	SWEEP PURCHASE	587.97 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	587.97	587.97
08/06/2025	SWEEP PURCHASE	69,397.82 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	69,397.82	69,397.82
08/07/2025	SWEEP SALE	32,637.95 shares INVESCO STIT TREASURY INSTL	32,637.95	32,637.95
08/08/2025	SWEEP SALE	55,167.12 shares INVESCO STIT TREASURY INSTL	55,167.12	55,167.12
08/11/2025	SWEEP PURCHASE	4,037.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,037.50	4,037.50
08/12/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
08/15/2025	SWEEP PURCHASE	44,149.48 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	44,149.48	44,149.48
08/15/2025	SWEEP PURCHASE	38,021.19 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	38,021.19	38,021.19
08/21/2025	SWEEP PURCHASE	6,952.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,952.50	6,952.50



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 193 of 227

Date	Transaction	Description	EBT Cost	Market Value
08/21/2025	SWEEP SALE	9,776.62 shares INVESCO STIT TREASURY INSTL	9,776.62	9,776.62
08/27/2025	SWEEP SALE	259,978.52 shares INVESCO STIT TREASURY INSTL	259,978.52	259,978.52
09/02/2025	SWEEP PURCHASE	1,588.06 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,588.06	1,588.06
09/02/2025	SWEEP PURCHASE	1.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.75	1.75
09/02/2025	SWEEP PURCHASE	7.59 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.59	7.59
09/02/2025	SWEEP PURCHASE	52.8 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	52.80	52.80
09/02/2025	SWEEP PURCHASE	6,516.79 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,516.79	6,516.79
09/02/2025	SWEEP PURCHASE	4,676.23 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,676.23	4,676.23
09/11/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
09/15/2025	SWEEP PURCHASE	32,549.14 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	32,549.14	32,549.14
09/15/2025	SWEEP PURCHASE	225 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	225.00	225.00



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 194 of 227

Date	Transaction	Description	EBT Cost	Market Value
09/15/2025	SWEEP PURCHASE	35,689.17 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	35,689.17	35,689.17
09/15/2025	SWEEP PURCHASE	794.1 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	794.10	794.10
09/16/2025	SWEEP PURCHASE	40,780.36 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	40,780.36	40,780.36
09/16/2025	SWEEP PURCHASE	39,421.02 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	39,421.02	39,421.02
09/18/2025	SWEEP PURCHASE	6,075.45 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,075.45	6,075.45
09/19/2025	SWEEP PURCHASE	6,187.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,187.50	6,187.50
09/22/2025	SWEEP SALE	52,011.58 shares INVESCO STIT TREASURY INSTL	52,011.58	52,011.58
09/25/2025	SWEEP PURCHASE	5,912.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5,912.50	5,912.50
09/30/2025	SWEEP PURCHASE	24,743.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	24,743.75	24,743.75
10/01/2025	SWEEP PURCHASE	1,038.37 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,038.37	1,038.37



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 195 of 227

Date	Transaction	Description	EBT Cost	Market Value
10/01/2025	SWEEP PURCHASE	1.67 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.67	1.67
10/01/2025	SWEEP PURCHASE	7.2 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.20	7.20
10/01/2025	SWEEP PURCHASE	49.7 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	49.70	49.70
10/01/2025	SWEEP PURCHASE	18,848.95 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	18,848.95	18,848.95
10/01/2025	SWEEP PURCHASE	163.06 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	163.06	163.06
10/08/2025	SWEEP PURCHASE	3.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	3.11	3.11
10/09/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
10/10/2025	SWEEP PURCHASE	429,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	429,000.00	429,000.00
10/10/2025	SWEEP SALE	232,878.97 shares INVESCO STIT TREASURY INSTL	232,878.97	232,878.97
10/15/2025	SWEEP PURCHASE	20,271.92 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	20,271.92	20,271.92
10/15/2025	SWEEP PURCHASE	225 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	225.00	225.00



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 196 of 227

Date	Transaction	Description	EBT Cost	Market Value
10/15/2025	SWEEP PURCHASE	14,873.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,873.11	14,873.11
10/15/2025	SWEEP PURCHASE	200 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	200.00	200.00
10/16/2025	SWEEP PURCHASE	32,787.7 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	32,787.70	32,787.70
10/17/2025	SWEEP PURCHASE	180,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	180,000.00	180,000.00
10/17/2025	SWEEP PURCHASE	240,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	240,000.00	240,000.00
10/20/2025	SWEEP PURCHASE	8,605.2 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	8,605.20	8,605.20
10/21/2025	SWEEP PURCHASE	355,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	355,000.00	355,000.00
10/22/2025	SWEEP PURCHASE	7,989.8 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,989.80	7,989.80
10/22/2025	SWEEP PURCHASE	10,165.43 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	10,165.43	10,165.43
10/23/2025	SWEEP SALE	326,781.59 shares INVESCO STIT TREASURY INSTL	326,781.59	326,781.59
10/24/2025	SWEEP SALE	63,594.14 shares INVESCO STIT TREASURY INSTL	63,594.14	63,594.14



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 197 of 227

Date	Transaction	Description	EBT Cost	Market Value
10/24/2025	SWEEP SALE	1,718.94 shares INVESCO STIT TREASURY INSTL	1,718.94	1,718.94
10/24/2025	SWEEP PURCHASE	7,304.4 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,304.40	7,304.40
10/27/2025	SWEEP SALE	351,237.11 shares INVESCO STIT TREASURY INSTL	351,237.11	351,237.11
10/28/2025	SWEEP PURCHASE	149,671.87 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	149,671.87	149,671.87
10/29/2025	SWEEP PURCHASE	14,641.76 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,641.76	14,641.76
10/31/2025	SWEEP SALE	214,515.59 shares INVESCO STIT TREASURY INSTL	214,515.59	214,515.59
10/31/2025	SWEEP PURCHASE	27,743.12 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	27,743.12	27,743.12
11/03/2025	SWEEP PURCHASE	1,524.39 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,524.39	1,524.39
11/03/2025	SWEEP PURCHASE	1.64 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.64	1.64
11/03/2025	SWEEP PURCHASE	7.25 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7.25	7.25
11/03/2025	SWEEP PURCHASE	54.7 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	54.70	54.70



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 198 of 227

Date	Transaction	Description	EBT Cost	Market Value
11/03/2025	SWEEP PURCHASE	861.86 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	861.86	861.86
11/03/2025	SWEEP PURCHASE	11,700.12 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	11,700.12	11,700.12
11/04/2025	SWEEP PURCHASE	141,244.03 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	141,244.03	141,244.03
11/04/2025	SWEEP PURCHASE	90,902.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	90,902.75	90,902.75
11/10/2025	SWEEP SALE	254,193 shares INVESCO STIT TREASURY INSTL	254,193.00	254,193.00
11/12/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
11/14/2025	SWEEP SALE	138,020.17 shares INVESCO STIT TREASURY INSTL	138,020.17	138,020.17
11/17/2025	SWEEP PURCHASE	43,777.01 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	43,777.01	43,777.01
11/17/2025	SWEEP PURCHASE	279,507.86 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	279,507.86	279,507.86
11/18/2025	SWEEP PURCHASE	4,800 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,800.00	4,800.00
11/19/2025	SWEEP SALE	49,954.15 shares INVESCO STIT TREASURY INSTL	49,954.15	49,954.15



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 199 of 227

Date	Transaction	Description	EBT Cost	Market Value
11/20/2025	SWEEP PURCHASE	1,611 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,611.00	1,611.00
11/20/2025	SWEEP PURCHASE	1,050 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,050.00	1,050.00
11/20/2025	SWEEP PURCHASE	6,771.6 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,771.60	6,771.60
11/21/2025	SWEEP SALE	119,680.93 shares INVESCO STIT TREASURY INSTL	119,680.93	119,680.93
12/01/2025	SWEEP PURCHASE	1,414.72 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,414.72	1,414.72
12/01/2025	SWEEP PURCHASE	800,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	800,000.00	800,000.00
12/01/2025	SWEEP PURCHASE	1.39 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1.39	1.39
12/01/2025	SWEEP PURCHASE	6.72 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6.72	6.72
12/01/2025	SWEEP PURCHASE	90.03 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	90.03	90.03
12/01/2025	SWEEP PURCHASE	17,090.12 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	17,090.12	17,090.12



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 200 of 227

Date	Transaction	Description	EBT Cost	Market Value
12/01/2025	SWEEP PURCHASE	516.04 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	516.04	516.04
12/02/2025	SWEEP SALE	800,000 shares INVESCO STIT TREASURY INSTL	800,000.00	800,000.00
12/02/2025	SWEEP SALE	27,397.47 shares INVESCO STIT TREASURY INSTL	27,397.47	27,397.47
12/02/2025	SWEEP PURCHASE	600,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	600,000.00	600,000.00
12/02/2025	SWEEP PURCHASE	200,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	200,000.00	200,000.00
12/04/2025	SWEEP SALE	588,310.74 shares INVESCO STIT TREASURY INSTL	588,310.74	588,310.74
12/04/2025	SWEEP SALE	171,098.26 shares INVESCO STIT TREASURY INSTL	171,098.26	171,098.26
12/08/2025	SWEEP SALE	59,647.96 shares INVESCO STIT TREASURY INSTL	59,647.96	59,647.96
12/10/2025	SWEEP SALE	60,637.99 shares INVESCO STIT TREASURY INSTL	60,637.99	60,637.99
12/11/2025	SWEEP PURCHASE	143,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	143,000.00	143,000.00
12/11/2025	SWEEP PURCHASE	7,764.83 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,764.83	7,764.83
12/11/2025	SWEEP SALE	43,000 shares INVESCO STIT TREASURY INSTL	43,000.00	43,000.00



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 201 of 227

Date	Transaction	Description	EBT Cost	Market Value
12/11/2025	SWEEP SALE	100,000 shares INVESCO STIT TREASURY INSTL	100,000.00	100,000.00
12/12/2025	SWEEP SALE	143,000 shares INVESCO STIT TREASURY INSTL	143,000.00	143,000.00
12/15/2025	SWEEP PURCHASE	67,368.04 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	67,368.04	67,368.04
12/15/2025	SWEEP PURCHASE	5,608.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	5,608.50	5,608.50
12/16/2025	SWEEP PURCHASE	1,683.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,683.33	1,683.33
12/16/2025	SWEEP PURCHASE	996 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	996.00	996.00
12/17/2025	SWEEP PURCHASE	7,102.17 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	7,102.17	7,102.17
12/17/2025	SWEEP PURCHASE	2,908.32 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,908.32	2,908.32
12/19/2025	SWEEP SALE	80.67 shares INVESCO STIT TREASURY INSTL	80.67	80.67
12/22/2025	SWEEP PURCHASE	1,050 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,050.00	1,050.00
Total			26,350,052.70	26,350,052.70



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 202 of 227

Date	Transaction	Description	EBT Cost	Market Value
02/18/2025	PURCHASE	450,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 02/18/2025 Settle 02/19/2025 450,000 Units @ 97.4296875	438,433.59	438,433.59
02/25/2025	PURCHASE	275,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 02/25/2025 Settle 02/26/2025 275,000 Units @ 97.597656	268,393.56	268,393.56
04/08/2025	SALE	380,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 04/08/2025 Settle 04/09/2025 380,000 Units @ 97.9765625 Fed Long Term Gain: 6,383.82	368,600.00	372,310.94
04/09/2025	SALE	370,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 04/09/2025 Settle 04/10/2025 370,000 Units @ 98 Fed Long Term Gain: 6,302.54	358,900.00	362,600.00
05/13/2025	SALE	245,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 05/13/2025 Settle 05/14/2025 245,000 Units @ 98.10546938 Fed Long Term Gain: 4,431.70	240,100.00	240,358.40



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 203 of 227

Date	Transaction	Description	EBT Cost	Market Value
05/23/2025	SALE	185,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 05/23/2025 Settle 05/27/2025 185,000 Units @ 98.1875 Fed Long Term Gain: 9,457.58	179,450.00	181,646.88
05/28/2025	SALE	110,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 05/28/2025 Settle 05/29/2025 110,000 Units @ 98.17578125 Fed Long Term Gain: 2,067.09	106,700.00	107,993.36
06/20/2025	SALE	30,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 06/20/2025 Settle 06/23/2025 30,000 Units @ 98.359375 Fed Long Term Gain: 618.83	29,100.00	29,507.81
06/24/2025	PURCHASE	30,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 06/24/2025 Settle 06/25/2025 30,000 Units @ 98.390625	29,517.19	29,517.19
07/21/2025	SALE	220,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 07/21/2025 Settle 07/22/2025 220,000 Units @ 98.5546875 Fed Long Term Gain: 4,967.76	213,400.00	216,820.31



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 204 of 227

Date	Transaction	Description	EBT Cost	Market Value
10/22/2025	PURCHASE	140,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 10/22/2025 Settle 10/23/2025 140,000 Units @ 99.320313	139,048.44	139,048.44
10/30/2025	SALE	90,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 10/30/2025 Settle 10/31/2025 90,000 Units @ 99.34375 Fed Long Term Gain: 1,835.32	88,200.00	89,409.38
11/14/2025	SALE	420,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 11/14/2025 Settle 11/17/2025 420,000 Units @ 99.453125 Fed Long Term Gain: 25,863.12	407,400.00	417,703.13
11/18/2025	PURCHASE	50,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 11/18/2025 Settle 11/19/2025 50,000 Units @ 99.484375	49,742.19	49,742.19
12/05/2025	SALE	150,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 12/05/2025 Settle 12/08/2025 150,000 Units @ 99.59375 Fed Long Term Gain: 3,433.86	147,000.00	149,390.63



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Page 205 of 227

Date	Transaction	Description	EBT Cost	Market Value
12/09/2025	SALE	355,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 12/09/2025 Settle 12/10/2025 355,000 Units @ 99.6171875 Fed Long Term Gain: 19,348.35	347,267.78	353,641.02
12/12/2025	SALE	180,000 par value UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Trade 12/12/2025 Settle 12/15/2025 180,000 Units @ 99.65625 Fed Long Term Gain: 4,233.12	177,876.89	179,381.25
Total UNITED STATES TREAS BDS			3,589,129.64	3,625,898.08
Total All Issues			29,939,182.34	29,975,950.78



IBEW 728 PENSION TRUST FUND

Account Number:

5% Transactions - By Broker
For the Period January 01, 2025 - December 31, 2025

Page 206 of 227

No data in the reporting period

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

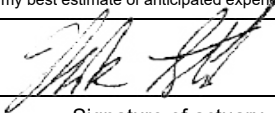
► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan I.B.E.W. LOCAL NO. 728 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF I.B.E.W. LOCAL NO. 728 PENSION FUND	D Employer Identification Number (EIN) 59-6510428

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

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 71,776,361
(2) Actuarial value of assets for funding standard account.....	1b(2) 73,212,189
c (1) Accrued liability for plan using immediate gain methods	1c(1) 70,859,483
(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) 70,859,483
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) 96,930,056
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,811,643
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4,262,976
(3) Expected plan disbursements for the plan year	1d(3) 4,062,879

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		7/8/2026
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MARK STEWART	Signature of actuary	Date 2606075
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Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4104
Firm name	Telephone number (including area code)

990 Hammond Dr ATLANTA GA 30328	SUITE 220
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	71,776,361
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	483	34,993,557
(2) For terminated vested participants	407	23,302,066
(3) For active participants:		
(a) Non-vested benefits		2,155,713
(b) Vested benefits		36,478,720
(c) Total active	539	38,634,433
(4) Total	1,429	96,930,056
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
	2,850,928				
Totals ▶			3(b)	2,850,928	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0**4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	103.3 %
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	4.01 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6P
(2) Females	6c(2)	6FP
d Valuation liability interest rate	6d	6.00 %
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)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.4 %
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)	417,754
(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	1,209,560	117,490

8 Miscellaneous information:

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1,910,839

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	9c(1) 9c(2) 9c(3)	Outstanding balance 11,009,115 0 0	 1,661,370 0 0
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d Interest as applicable on lines 9a, 9b, and 9c	9d	214,333
e Total charges. Add lines 9a through 9d	9e	3,786,542

Credits to funding standard account:		
f Prior year credit balance, if any	9f	11,559,790
g Employer contributions. Total from column (b) of line 3	9g	2,850,928

h Amortization credits as of valuation date i Interest as applicable to end of plan year on lines 9f, 9g, and 9h j Full funding limitation (FFL) and credits: (1) ERISA FFL (accrued liability FFL) (2) "RPA '94" override (90% current liability FFL) (3) FFL credit	9h 9j(1) 9j(2) 9j(3)	Outstanding balance 1,802,031 13,306,976 16,232,261 0	 206,295 791,493 0
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k (1) Waived funding deficiency (2) Other credits	9k(1) 9k(2)	 0 0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	15,408,506
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	11,621,964
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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☐ Yes ☒ No
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