

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
--	---	---

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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/17/1979
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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND P.O. BOX 1449 GOODLETTSVILLE, TN 37070
2b	Employer Identification Number (EIN) 59-1917970
2c	Plan Sponsor's telephone number 615-859-0131
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.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1850
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) 1850 6a(2) 1861 6b 6c 6d 1861 6e 6f 1861 6g(1) 0 6g(2) 1861 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 33

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

2C

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
---	---

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 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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	D Employer Identification Number (EIN) 59-1917970	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

SOUTHERN BENEFIT ADMINISTRATORS

62-1116095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	89190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

LAPADULA CARLSON & CO

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

STANDARD VALUATION INC

801 HIGHWAY 61 N
STE. 203
WHITE BEAR LAKE, MN 55110

(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 50	NONE	28500	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)

VENABLE LAW FIRM PA

59-1824867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

BOYD WATTERSON ASSET MANAGEMENT, LL

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 51	NONE	8229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>59-1917970</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): AFL-CIO BUILDING INVESTMENT TRUST

c EIN-PN <u>52-2136736-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1448580</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): ASB ALLEGIANCE REAL ESTATE FUND

c EIN-PN <u>20-0436905-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1913045</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW NECA EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): IBEW NECA EQUITY INDEX FUND

c EIN-PN <u>46-3489519-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29078535</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NB STRATEGIC MULTI-SECTOR TRUST FUN

b Name of sponsor of entity listed in (a): NB STRATEGIC MULTI-SECTOR TRUST FUND

c EIN-PN <u>20-4797982-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8634191</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TA REALTY CORE PROPERTY FUND

b Name of sponsor of entity listed in (a): TA REALTY CORE PROPERTY FUND

c EIN-PN <u>82-3085243-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4323401</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BOYD WATTERSON INCOME STRATEGY CIT

b Name of sponsor of entity listed in (a): BOYD WATTERSON INCOME STRATEGY CIT CLASS A

c EIN-PN <u>34-1922005-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3530399</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	D Employer Identification Number (EIN) 59-1917970	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1107787	1630833
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	24522	2099
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2769866	1169753
(2) U.S. Government securities	1c(2)	1267001	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	805026	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	37230	
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	7372652	10360023
(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)	39578976	48928151
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37920444	42800770
(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	90883504	104891629

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	17122	13681
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	76590	58193
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	93712	71874

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	90789792	104819755
--	-----------	----------	-----------

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)	9377091	
(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)		9377091
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57450	
(B) U.S. Government securities	2b(1)(B)	33434	
(C) Corporate debt instruments	2b(1)(C)	386311	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	402020	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		879215
(2) Dividends: (A) Preferred stock	2b(2)(A)	1398	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1352079	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1353477
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3466014	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3382869	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		83145
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2271015	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2271015

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		113910
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11992572
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21528395

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7258686	
(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)		7258686
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)	69000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34809	
(5) Investment advisory and investment management fees	2i(5)	82081	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	15616	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3461	
(11) Other expenses	2i(11)	34779	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		239746
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7498432

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14029963
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: LAPADULA CARLSON & CO.

(2) EIN: 65-0292391

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**ELECTRICIANS LOCAL UNION NO. 606
PENSION-ANNUITY FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

LAPADULA CARLSON+CO.
CERTIFIED PUBLIC ACCOUNTANTS

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

TABLE OF CONTENTS

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
• Statements of Net Assets Available for Benefits	4
• Statements of Changes in Net Assets Available for Benefits	5
• Notes to Financial Statements	6
SUPPLEMENTAL SCHEDULES	
• Assets (held at end of year) - Schedule H, Line 4i – Form 5500	16
• Reportable Transactions - Schedule H, Line 4j – Form 5500	17

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Electricians Local Union No. 606
Pension-Annuity Fund
Orlando, FL

Opinion

We have audited the financial statements of the **Electricians Local Union No. 606 Pension-Annuity Fund** (the "Fund"), 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 the Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. 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 Fund 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 these financial statements in accordance with accounting principles generally accepted in the United States, 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 Fund's ability to continue as a going concern for 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States, 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

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.

LaPadula, Carlson + Co.

Coral Gables, Florida
June 3, 2026

ELECTRICIANS LOCAL UNION NO. 606**PENSION-ANNUITY FUND****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****AS OF DECEMBER 31, 2025 AND 2024**

ASSETS		
	2025	2024
INVESTMENTS , at fair value		
Mutual funds	\$ 42,800,770	\$ 37,920,444
Money market funds	86,165	2,766,507
Common/collective trusts	48,928,151	39,578,976
Limited partnerships	10,360,023	7,372,652
Preferred stocks	-	37,230
Corporate bonds	-	805,026
U.S. Government securities	-	748,042
Government sponsored enterprises	-	518,959
Total investments	<u>102,175,109</u>	<u>89,747,836</u>
RECEIVABLES:		
Employers' contributions	1,630,833	1,107,787
Interest and dividends	<u>269</u>	<u>23,509</u>
Total receivables	<u>1,631,102</u>	<u>1,131,296</u>
PREPAID EXPENSE	<u>1,830</u>	<u>1,013</u>
CASH	<u>1,083,588</u>	<u>3,359</u>
Total assets	<u>104,891,629</u>	<u>90,883,504</u>
LIABILITIES		
ACCOUNTS PAYABLE	13,681	17,122
RECIPROCAL PAYABLE	<u>58,193</u>	<u>76,590</u>
Total liabilities	<u>71,874</u>	<u>93,712</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 104,819,755</u></u>	<u><u>\$ 90,789,792</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS WERE PROVIDED BY:		
Employers' contributions	<u>\$ 9,377,091</u>	<u>\$ 7,537,523</u>
Investment income -		
Net appreciation in fair value of investments	9,918,612	7,646,124
Interest income	2,232,692	1,851,128
Less: Investment expenses	<u>(82,081)</u>	<u>(95,261)</u>
Net investment income	<u>12,069,223</u>	<u>9,401,991</u>
Total additions	<u>21,446,314</u>	<u>16,939,514</u>
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS WERE ATTRIBUTABLE TO:		
Benefits paid directly to or for participants	7,258,686	3,193,442
Administrative expenses	<u>157,665</u>	<u>163,864</u>
Total deductions	<u>7,416,351</u>	<u>3,357,306</u>
Increase in net assets available for benefits	14,029,963	13,582,208
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>90,789,792</u>	<u>77,207,584</u>
End of year	<u>\$ 104,819,755</u>	<u>\$ 90,789,792</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

(1) DESCRIPTION OF THE FUND

The following summarized description of the **Electricians Local Union No. 606 Pension-Annuity Fund** (the “Fund”) provides general information only. Participants should refer to the Summary Plan Description (“SPD”) for a complete description of the Fund and its provisions. Copies are available from Southern Benefits Administrators, Inc. (previously Florida Health Administrators, Inc.), the Fund’s third-party administrator.

General

The Fund is a multi-employer defined contribution plan covering all eligible participants under the terms of various Collective Bargaining Agreements (“CBAs”). The Fund was established pursuant to an Agreement and Declaration of Trust dated October 17, 1979. The Fund is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Operations of the Fund are under the joint control of labor and management trustees.

Benefits

A retirement benefit is payable when a claim for benefits is filed by a vested participant and a participant’s service with all employers is terminated by reason of normal retirement at age 62, early retirement, total and permanent disability, death, or upon termination of the Fund.

Participants who have attained the age of 50 shall be entitled to receive an “Early Retirement” as defined by the Plan Documents.

Termination benefit

The Fund provides a distribution to participants who are vested and for whom no contributions have been made on his/her behalf during a period of 24 consecutive calendar months.

Death benefit

If a participant dies before their retirement, their spouse or designated beneficiary will receive a single life annuity payable for the remainder of their life or a lump sum payment (by election or if account balance does not exceed \$1,000).

Disability

A participant who retires due to disability is eligible for benefits upon application and proof of disability.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Benefit payments

Generally, if a participant is married, the participant automatically receives benefits in the form of a 50% joint and survivor annuity. Upon election and spousal consent, a married participant can receive benefits in the form of a 75% joint and survivor annuity, single life annuity, single-lump sum payment, or 5 or 10 annual payments.

A single participant automatically receives benefits in the form of a single life annuity and may elect to receive benefits in any of the forms available to a married participant (excluding a 75% joint and survivor annuity).

Vesting

When contributions are credited to a participant's individual account in accordance with the provisions outlined herein, the participant's interest in his/her individual account balance shall become and remain fully vested and the balance of his/her account as of each succeeding valuation date shall be nonforfeitable. Termination of employment by a participant for whom an individual account has been established shall not cause the participant to incur any type of break in service under the Fund nor to forfeit any portion of the balance of his/her individual account.

A participant is 100% vested in his/her individual account and entitled to benefits when contributions are credited to their individual account.

Participant accounts

An individual account is established for each participant consisting of all employer contributions made on his/her behalf and an allocation of the Fund's investment results. Participants share in the investment income or loss of the Fund based on the ratio of each participants balance less withdrawals, distributions and administrative expenses. Investment income includes interest, realized gains or losses and the change in unrealized appreciation or depreciation in the fair value of investments.

Funding policy

The Fund is funded through contributions by employers working within the jurisdiction of the CBAs and through income earned by Fund investments.

For the years ended December 31, 2025 and 2024, employer contributions were 9% of employees' gross wages unless subject to a special agreement.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Reciprocal agreement

The Fund is signatory to various reciprocal agreements with certain local unions affiliated with the International Brotherhood of Electrical Workers. Frequently, employees who are normally employed within the territory of one local union may be temporarily employed within the territory of another local union.

Eligibility for benefits is generally determined from an employee having worked a specified number of hours during a stated period of time. To prevent deprivation of benefits to participants solely because of temporary employment within the jurisdiction of a local union other than their home local union, the reciprocal agreement provides the following:

- When a member of the home local union works within the territory of a reciprocating local union, the latter is to make contributions to the former's fringe benefit funds on the participant's behalf. This is represented by a receipt in the records of the home local union's trust funds.
- The monies received by the Fund on behalf of members of participating local unions are forwarded to his/her home local fringe benefit trust funds and are not reflected as contribution income in the accompanying financial statements.

Termination

Although there is no intent to do so, the Trust agreement provides for termination of the Fund subject to the provisions of the agreement and ERISA. Should the Fund terminate, the assets would be distributed to participants in accordance with plan provisions.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

Effective April 1, 2024, the Fund's records are in the custody of Southern Benefits Administrators, Inc. (previously Florida Health Administrators, Inc.). The administrator performs the various administrative functions necessary for the operation of the Fund, including receipt of contributions, investment income and the payment of retirement benefits and administrative expenses.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of estimates

The preparation of the financial statements are in conformity with accounting principles generally accepted in the United States which require the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentration of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and at times the balance may exceed the federally insured limit of \$250,000.

The Fund invests in various types of investment securities which are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

The Fund invests in certain mutual funds that in turn invest in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result of, among other factors, the possibility of future political and economic developments and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Fund's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of United States companies. Securities denominated in or expected to settle in foreign currencies, as well as purchases and sales of securities and expense items, are translated into United States dollars at the date of the valuation.

The Fund has four employers, which accounted for 28% and 41% of total contributions during the years ended December 31, 2025 and 2024, respectively.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4)

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition (continued)

The difference between current value and the value at the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments.

The net change in the unrealized gains or losses of some of the Fund's investments is presented net of fees, operating expenses and performance-based compensation, if any. Investment transactions are recognized on a trade-date basis. Interest income is recognized when earned and dividend income is recognized on ex-dividend date.

Contributions receivable

Contributions receivable at December 31 represents contributions earned but not received at year end. Since these contributions were received in subsequent periods, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the CBAs, the Trustees implemented a policy of auditing the payroll records of contributing employers on a systematic rotation basis.

Income taxes

In accordance with a determination letter from the Internal Revenue Service, dated January 27, 2016, the Fund meets the requirements of the Internal Revenue Code (the "IRC") Section 501(a). The Fund has been amended since receiving the letter of determination. The Fund's Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2024 amounts have been reclassified to conform to the 2025 presentation.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(3) INVESTMENTS

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the price of goods and services as measured by the consumer price index.

In addition to investments in AFL-CIO Building Investment Trust, ASB Allegiance Real Estate Fund, ASP (Feeder) Private Income Fund, Boyd Watterson GSA Fund, Boyd Watterson Income Strategy CIT Class A, IBEW NECA Equity Index Fund, Neuberger Berman ("NB") Strategic Multi-Sector Fixed Income Trust Fund, and TA Realty Core Property Fund, the Fund has various mutual funds and money market funds in the custody of Union Bank & Trust. The Trustees have established a formal investment policy that includes selecting professional investment advisors to manage investments, diversifying the investment portfolio between fixed-income, equity securities and other available investments, as well as making short- and long-term investments.

During the years ended December 31, 2025 and 2024, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2025	2024
Corporate bonds	\$ (900,495)	\$ (11,963)
Mutual funds	6,600,420	2,596,613
Common/collective trusts	5,665,264	5,344,468
Preferred stocks	(37,230)	(70)
Limited partnerships	(80,999)	(206,544)
U.S. Government and GSE securities	(1,328,348)	(76,380)
Net appreciation in fair value	<u>\$ 9,918,612</u>	<u>\$ 7,646,124</u>

(4) FAIR VALUE MEASUREMENT

The Fund adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets' or liabilities' in active markets that the Fund has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds – The value is calculated at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-ended mutual funds that are registered with the United States Securities and Exchange Commission. The funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Money market funds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Common/collective trusts – Investments in common/collective trusts include collective investment vehicles that invest in a variety of underlying asset classes and strategies, including equity index funds, real estate funds, fixed income trusts, and income strategy funds. These investments are valued at fair value using the NAV per share or unit, or its equivalent, as a practical expedient under FASB ASC Topic 820. The NAV is based on the fair value of the underlying investments held by each trust, less its liabilities. The practical expedient is not used when it is probable that the Fund will sell the investment for an amount different from the reported NAV.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Limited partnerships ("LP") – Investments in limited partnerships are valued at fair value using the NAV per share (or its equivalent) as a practical expedient under ASC 820. These investments do not have a readily determinable fair value and are not publicly traded. The NAV is provided by the general partners or fund managers and is based on the fair value of the underlying investments, which may include marketable securities, private investments, and other financial instruments. Management reviews the NAV for reasonableness and believes it is a reasonable estimate of fair value as of the reporting date.

Preferred stocks – The value is calculated using quoted market prices and documented trade history in the security.

Corporate bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

Government, agency and state and local securities ("Government sponsored enterprises" or "GSEs") – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

The preceding methods may produce a fair value calculation that is not necessarily indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with these securities.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2025 and 2024:

Description	2025			Total
	Level 1	Level 2	Level 3	
Fixed income securities -				
Mutual funds	\$42,800,770	\$ -	\$ -	\$ 42,800,770
Money market funds	-	86,165	-	86,165
	<u>\$42,800,770</u>	<u>\$ 86,165</u>	<u>\$ -</u>	<u>42,886,935</u>
Investments measured at NAV				<u>59,288,174</u>
Total investments				<u>\$ 102,175,109</u>

Description	2024			Total
	Level 1	Level 2	Level 3	
Equities -				
Preferred stocks	\$ 37,230	\$ -	\$ -	\$ 37,230
Fixed income securities -				
Corporate bonds	-	805,026	-	805,026
U.S. Government securities	748,042	-	-	748,042
Government sponsored enterprises	-	518,959	-	518,959
Mutual funds	37,920,444	-	-	37,920,444
Money market funds	-	2,766,507	-	2,766,507
	<u>\$38,705,716</u>	<u>\$4,090,492</u>	<u>\$ -</u>	<u>42,796,208</u>
Investments measured at NAV				<u>46,951,628</u>
Total investments				<u>\$ 89,747,836</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Changes in Fair Value Levels (continued)

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2 or 3.

Fair Value of investments that calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024:

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	2025	2024		
AFL-CIO Building Investment Trust	\$ 1,448,580	\$ 1,391,268	Daily	None
ASB Allegiance Real Estate Fund	1,913,045	2,004,501	Daily	None
ASP (Feeder) Private Income Fund, LP	7,028,243	4,199,831	At liquidation	N/A
Boyd Watterson GSA Fund, LP	3,331,780	3,172,821	Daily	None
Boyd Watterson Income Strategy CIT Class A	3,530,399	-	Daily	None
IBEW NECA Equity Index Fund	29,078,535	24,133,508	Daily	None
NB Strategic Multi-Sector Fixed Income Trust Fund	8,634,191	7,881,434	Daily	None
TA Realty Core Property Fund	4,323,401	4,168,265	Daily	None
Investments measured at NAV	<u>\$ 59,288,174</u>	<u>\$ 46,951,628</u>		

(5) PARTY IN INTEREST TRANSACTIONS

The Fund pays various administrative expenses including accounting fees, third party administration fees, investment advisory fees, attorney fees, and other administrative fees. These are party in interest transactions. Additional investment fees are paid to parties in interest that are netted against investment income.

(6) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Fund has evaluated events that occurred through June 3, 2026, which is the date these financial statements were available to be issued. No events have occurred subsequent to the date of the statements of net assets available for benefits that would require adjustment to, or disclosure in, the financial statements.

SUPPLEMENTAL SCHEDULES

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 59-1917970

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
MUTUAL FUNDS:				
AB US LARGE CAP GROWTH FUND	329,615	SHARES - MUTUAL FUND	\$ 3,542,973	\$ 8,790,825
BAIRD CORE PLUS BOND INSTITUTIONAL FUND	860,121	SHARES - MUTUAL FUND	9,457,837	8,867,843
VANGUARD EQUITY INCOME FUND	104,322	SHARES - MUTUAL FUND	3,296,774	9,692,529
VANGUARD EXTENDED MARKET INDEX FUND	41,825	SHARES - MUTUAL FUND	4,365,010	6,634,304
VANGUARD INTL STOCK INDEX FUND	217,500	SHARES - MUTUAL FUND	6,232,003	8,815,269
		Total mutual funds	26,894,597	42,800,770
COMMON/COLLECTIVE TRUSTS:				
AFL-CIO BUILDING INVESTMENT TRUST FUND	254	UNITS - COMMON/COLLECTIVE FUND	1,467,151	1,448,580
ASB ALLEGIANCE REAL ESTATE FUND	1,297	UNITS - REAL ESTATE FUND	1,831,237	1,913,045
IBEW NECA EQUITY INDEX FUND	189,777	UNITS - EQUITY INDEX FUND	18,635,011	29,078,535
BOYD WATTERSON INCOME STRATEGY CIT CLASS A	350,461	UNITS - COMMON/COLLECTIVE FUND	3,499,825	3,530,399
NB STRATEGIC MULTI-SECTOR FIXED INCOME TRUST	643,382	UNITS - COLLECTIVE TRUST	6,922,794	8,634,191
		Total common/collective trusts	32,356,018	44,604,750
LIMITED PARTNERSHIPS:				
ASP (FEEDER) PRIVATE INCOME FUND LP		PRIVATE EQUITY	2,999,054	7,028,243
BOYD WATTERSON GSA FUND, L.P.	3,387	PRIVATE EQUITY	3,461,552	3,331,780
TA REALTY CORE PROPERTY FUND, LP	3,400	PRIVATE EQUITY	4,404,204	4,323,401
		Total limited partnerships	10,864,810	14,683,424
MONEY MARKET FUNDS:				
GOLDMAN SACHS FINANCIAL SQUARE GOVT FUND	18	SHARES - MONEY MARKET FUND	18	18
GOLDMAN SACHS FINANCIAL SQUARE GOVT FUND	86,147	SHARES - MONEY MARKET FUND	86,147	86,147
		Total money market funds	86,165	86,165
		Total investments	\$ 70,201,590	\$ 102,175,109

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 59-1917970

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
----------------------------------	--	-------------------------------	------------------------------	--	------------------------------	---	-----------------------------------

*There were no reportable transactions that occurred for the year ending December 31, 2025.

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

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
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning _____ and ending _____	
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 Electricians Local Union No. 606 Pension-Annuity Fund	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/17/1979
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 Electricians Local Union No. 606 Pension-Annuity Fund P.O. Box 1449 Goodlettsville TN 37070	2b Employer Identification Number (EIN) 59-1917970
	2c Plan Sponsor's telephone number (615) 859-0131
	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	 Todd Provost (Jun 25, 2026 14:42:10 EDT)	6/26/26	Todd Provost
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Michael Duffield (Jun 26, 2026 09:54:52 EDT)	6/26/26	Michael Duffield
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

FLORIDA MULTIEMPLOYER 401(K) PLAN TRUST
REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500
FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 59-3483551

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
JP Morgan Equity Income Fund R6	Mutual Fund	\$ 4,226	\$ -	\$ -	\$ 4,226	\$ 4,226	\$ -
JP Morgan Equity Income Fund R6	Mutual Fund	-	1,904,682	-	1,650,945	1,904,682	253,737
Large Cap Value Fund Class R1	Collective Trust Fund	1,904,681	-	-	1,904,681	1,904,681	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606**PENSION-ANNUITY FUND****ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500****AS OF DECEMBER 31, 2025****EIN: 59-1917970**

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
MUTUAL FUNDS:				
AB US LARGE CAP GROWTH FUND	329,615	SHARES - MUTUAL FUND	\$ 3,542,973	\$ 8,790,825
BAIRD CORE PLUS BOND INSTITUTIONAL FUND	860,121	SHARES - MUTUAL FUND	9,457,837	8,867,843
VANGUARD EQUITY INCOME FUND	104,322	SHARES - MUTUAL FUND	3,296,774	9,692,529
VANGUARD EXTENDED MARKET INDEX FUND	41,825	SHARES - MUTUAL FUND	4,365,010	6,634,304
VANGUARD INTL STOCK INDEX FUND	217,500	SHARES - MUTUAL FUND	6,232,003	8,815,269
Total mutual funds			26,894,597	42,800,770
COMMON/COLLECTIVE TRUSTS:				
AFL-CIO BUILDING INVESTMENT TRUST FUND	254	UNITS - COMMON/COLLECTIVE FUND	1,467,151	1,448,580
ASB ALLEGIANCE REAL ESTATE FUND	1,297	UNITS - REAL ESTATE FUND	1,831,237	1,913,045
IBEW NECA EQUITY INDEX FUND	189,777	UNITS - EQUITY INDEX FUND	18,635,011	29,078,535
BOYD WATTERSON INCOME STRATEGY CIT CLASS A	350,461	UNITS - COMMON/COLLECTIVE FUND	3,499,825	3,530,399
NB STRATEGIC MULTI-SECTOR FIXED INCOME TRUST	643,382	UNITS - COLLECTIVE TRUST	6,922,794	8,634,191
Total common/collective trusts			32,356,018	44,604,750
LIMITED PARTNERSHIPS:				
ASP (FEEDER) PRIVATE INCOME FUND LP		PRIVATE EQUITY	2,999,054	7,028,243
BOYD WATTERSON GSA FUND, L.P.	3,387	PRIVATE EQUITY	3,461,552	3,331,780
TA REALTY CORE PROPERTY FUND, LP	3,400	PRIVATE EQUITY	4,404,204	4,323,401
Total limited partnerships			10,864,810	14,683,424
MONEY MARKET FUNDS:				
GOLDMAN SACHS FINANCIAL SQUARE GOVT FUND	18	SHARES - MONEY MARKET FUND	18	18
GOLDMAN SACHS FINANCIAL SQUARE GOVT FUND	86,147	SHARES - MONEY MARKET FUND	86,147	86,147
Total money market funds			86,165	86,165
Total investments			\$ 70,201,590	\$ 102,175,109

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.