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:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
IBEW LOCAL 683 BOARD OF TRUSTEES

COREY WIRTH

5735 ELIZABETH AVENUE
ST. LOUIS, MO 63110

2b Employer Identification Number (EIN) 34-1442087

2c Plan Sponsor's telephone number 314-752-2330

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.	10/14/2026	PAT HOOK
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4667
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)**	2940
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3800
b	Retired or separated participants receiving benefits	**6b**	897
c	Other retired or separated participants entitled to future benefits	**6c**	555
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5252
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	255
f	Total. Add lines **6d** and **6e**.	**6f**	5507
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)**	
g(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**	141

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

1B

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	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

E Type of plan: **(1)** [X] 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)**	364946327
(2) Actuarial value of assets for funding standard account	**1b(2)**	364081055
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	371609458
(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)**	371609458
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)**	572737169
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	29007243
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	22215852
(3) Expected plan disbursements for the plan year	**1d(3)**	22810852

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 08/31/2026

ALLEN L. PAULY — Type or print name of actuary

26-08895 — Most recent enrollment number

CUNI, RUST & STRENK — Firm name

513-891-0270 — Telephone number (including area code)

4555 LAKE FOREST DRIVE - SUITE 620
CINCINNATI, OH 45242-3760

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**	364946327
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1143	252619687
(2) For terminated vested participants		584	79408689
(3) For active participants:			
(a) Non-vested benefits			11206407
(b) Vested benefits			229502386
(c) Total active		2940	240708793
(4) Total		4667	572737169
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.72 %

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
12/31/2025	47634782				
			Totals ► **3(b)**	47634782	**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**	98.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

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)**	9	9
(2) Females	**6c(2)**	9F	9F
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
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)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.9 %	
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)**	595000	
(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	5975356	613142
4	1079050	110723

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**	14142031

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	79899877		13117462
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	1908164
e Total charges. Add lines 9a through 9d			**9e**	29167657
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	57188826
g Employer contributions. Total from column (b) of line 3			**9g**	47634782
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	15182648		2539522
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	5820004
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	84379409		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	176866215		
(3) FFL credit			**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**	113183134
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	84015477
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**	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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

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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)

RLI INSURANCE COMPANY

9025 NORTH LINDBERGH DR
PEORIA, IL 61615

37-0915434

(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?
22 53	NONE	10862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT

385 EAST COLORADO BLVD
PASADENA, CA 91101

20-0219988

(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 52 19	NONE	72583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNI, RUST & STRENK

4555 LAKE FOREST DR 620
CINCINNATI, OH 45242-3760

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	81800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL MARCO ADVISORS

1300 E NINTH ST, STE 1900
CLEVELAND, OH 44114-1593

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	115000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLOTTA FARLEY CO., LPA

3240 LEVIS COMMONS BLVD
PERRYSBURG, OH 43551

34-1316963

(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	58656	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DGPERRY, PLLC

3711 STARRS CENTRE DR.
CANFIELD, OH 44406

83-3033790

(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	42252	Yes [ ] No [X]	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)

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVE
BETHESDA, MD 20814

80-0618452

(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 19	NONE	50384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL REAL ESTATE ADVISORS, LLC

900 SEVENTH ST NW STE 600
WASHINGTON, DC 20001

26-2237421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 32 52	NONE	43359	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVY CHASE TRUST

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

52-2037618

(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 28 51	NONE	35318	Yes [ ] No [X]	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)

ARROWSTREET CAPITAL, LP

200 CLARENDON STREET
BOSTON, MA 02116

98-0652482

(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 52 19	NONE	363473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

333 WEST 34TH STREET
NEW YORK, NY 10001-2402

46-0614919

(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?
22 53	NONE	21925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IBEW NECA SERVICE CENTER

5735 ELIZABETH AVENUE
ST. LOUIS, MO 63110

43-0896804

(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?
14 36 50	NONE	212729	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)

ULLICO INVESTMENT ADVISORS

7373 WISCONSIN AVENUE
BETHESDA, MD 20814

90-0622302

(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 28 52	NONE	83165	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 ☐

(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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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: IBEW-NECA EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
31-1772714-003	C	156853544

a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET INTERNATIONAL EQUITY AC

b Name of sponsor of entity listed in (a): ARROWSTREET CAPITAL, LP

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)
45-6500555-003	E	44952185

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

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
52-6257033-006	C	7520585

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS

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)
90-0622302-001	E	5753054

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
27-0833992-001	C	64655383

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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	4614900	10574993
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6360399	6009445
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	53183	138567
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59272	63849
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	7462853	7651288
(6) Real estate (other than employer real property)	1c(6)	5049802	5076464
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	140286861	229029512
(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)	85423336	50705239
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	118204261	146568220
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	367514867	455817577
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2568540	4281755
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2568540	4281755
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	364946327	451535822

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)	47634782	
(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)		47634782
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	208697	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		208697
(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)	4612766	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4612766
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	20134971	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17411281	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2723690
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	26662	
(B) Other	2b(5)(B)	56279272	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		56305934

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		111485869
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23497324	
(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)		23497324
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)	207195	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	42252	
(5) Investment advisory and investment management fees	2i(5)	763281	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	81800	
(8) Legal fees	2i(8)	58656	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	5534	
(11) Other expenses	2i(11)	240332	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1399050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24896374
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		86589495
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) [X] 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)** [X] 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: DGPERRY, PLLC **(2)** EIN: 83-3033790

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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588006.

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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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): 43-0896804

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 ESI. INC

b EIN 34-1002467 **c** Dollar amount contributed by employer 11967734

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer THE SUPERIOR GROUP

b EIN 20-0354904 **c** Dollar amount contributed by employer 8103650

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer CUPERTINO ELECTRIC, INC

b EIN 94-1403967 **c** Dollar amount contributed by employer 7980130

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer HILSCHER-CLARKE

b EIN 34-0290600 **c** Dollar amount contributed by employer 7940521

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MID-CITY ELECTRIC CO.

b EIN 31-4445398 **c** Dollar amount contributed by employer 5557362

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer CONTI ELECTRIC INC

b EIN 34-0894014 **c** Dollar amount contributed by employer 1603653

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ATLAS INDUSTRIAL HOLDINGS LLC

b EIN 45-4228515 **c** Dollar amount contributed by employer 1553578

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer CHAPEL ELECTRIC COMPANY LLC

b EIN 74-3062585 **c** Dollar amount contributed by employer 1524734

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer LIGHTHOUSE ELECTRIC CO.

b EIN 25-1461881 **c** Dollar amount contributed by employer 1276040

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BLATTNER ENERGY LLC

b EIN 26-3774732 **c** Dollar amount contributed by employer 1171916

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 05 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 82.5 % Private Equity: 3.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.5 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN					
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	34-1442087	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25				255		97
25 to 29				191		144
30 to 34				203		136
35 to 39				102		180
40 to 44				95		201
45 to 49				71		198
50 to 54				41		158
55 to 59				27		159
60 to 64				11		
65 to 69				4		
70 & Up				3		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	23		485			
25 to 29	69		657	3		
30 to 34	68		713	33		1389
35 to 39	47		722	22		1316
40 to 44	38		799	33		1268
45 to 49	29		759	16		
50 to 54	11			16		
55 to 59	14			8		
60 to 64	2			5		
65 to 69	1			1		
70 & Up						

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	34-1442087	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	10					
35 to 39	41		1873	6		
40 to 44	28		1688	33		2491
45 to 49	23		1779	46		2403
50 to 54	18			27		2411
55 to 59	13			27		2244
60 to 64	7			22		2393
65 to 69	1					
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3					
45 to 49	26		2949	1		
50 to 54	30		2787	27		3401
55 to 59	24		2742	34		3316
60 to 64	9			9		
65 to 69	1					
70 & Up	1					

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	34-1442087	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	23		3821	1		
60 to 64	4			1		
65 to 69						
70 & Up						

Structured Attachment	Schedule MB, line 8b(3)	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**	**This Form is Open to Public Inspection**

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	34-1442087	**PN**	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025		0	

Structured Attachment	Schedule MB, line 8b(1)	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	**This Form is Open to Public Inspection**

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	34-1442087	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025				

Name of Plan	IBEW LOCAL 683 PENSION FUND PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	34-1442087	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

IBEW Local 683
Pension Fund Pension Plan

Financial Statements

For the Years Ended
December 31, 2025 and 2024



DG Perry
CPAs + Advisors

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3711 Starrs Centre Drive
Canfield, OH 44406

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Independent Auditors' Report

Board of Trustees and Plan Management
IBEW Local 683 Pension Fund Pension Plan
Columbus, Ohio

Opinion

We have audited the accompanying financial statements of IBEW Local 683 Pension Fund Pension 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IBEW Local 683 Pension Fund Pension Plan 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. 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 IBEW Local 683 Pension Fund Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 683 Pension Fund Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

DGPerry
CPAs + Advisors

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 683 Pension Fund Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 683 Pension Fund Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and 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 generally accepted auditing standards.

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.



Canfield, Ohio
October 13, 2026

IBEW Local 683
Pension Fund Pension Plan

Statements of Net Assets Available For Benefits
As of December 31, 2025 and 2024

Assets

	2025	2024
Investments at Fair Value		
Money market funds	$ 63,849	$ 59,272
Mutual funds	144,415,807	116,196,487
Registered investment fund, at NAV	2,152,413	2,007,774
Common collective trusts	229,029,512	140,286,861
Private real estate investment trust	5,076,464	5,049,802
103-12 investment entities	50,705,239	85,423,336
Limited partnership	7,651,288	7,462,853
Total Investments at Fair Value	439,094,572	356,486,385
Receivables		
Employer contributions	5,750,790	4,219,990
Reciprocal contributions	258,655	2,140,409
Accounts receivable - pending investment settlement	88,295	-
Due from other plan	3,000	3,000
Total Receivables	6,100,740	6,363,399
Prepaid expenses	47,264	50,182
Accrued investment income	8	1
Cash	10,574,993	4,614,900
Total Assets	**455,817,577**	**367,514,867**

Liabilities

Reciprocal contributions payable	3,947,124	2,230,346
Accounts payable - administrative expenses	334,631	338,194
Total Liabilities	4,281,755	2,568,540
Net Assets Available for Benefits	**$ 451,535,822**	**$ 364,946,327**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683
Pension Fund Pension Plan

Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets		
Investment Income:		
Dividends	$ 4,612,766	$ 4,080,617
Interest	208,697	-
Net appreciation in fair value of investments	59,029,624	31,766,311
Total Investment Income	63,851,087	35,846,928
Less: Investment Expenses	(648,281)	(559,387)
Net Investment Income	63,202,806	35,287,541
Contributions:		
Employer	64,723,210	42,330,602
Reciprocity received	184,720	2,682,108
Reciprocity paid	(17,273,148)	(9,093,355)
Total Contributions	47,634,782	35,919,355
Total Additions	110,837,588	71,206,896
Deductions from Net Assets		
Participant Benefits Paid	23,497,324	20,458,728
Administrative Expenses:		
Actuary	81,800	78,375
Administrative manager	207,195	165,231
Attorney	58,656	79,954
Audit and payroll compliance	42,252	59,026
Consultant - investments	115,000	115,000
ERTS fee	2,580	2,480
Insurance	32,787	33,509
PBGC premium	179,790	147,149
Postage, printing and other administrative	25,175	27,707
Trustee conferences and meetings expense	5,534	2,993
Total Administrative Expenses	750,769	711,424
Total Deductions	24,248,093	21,170,152
Change in Net Assets Available for Benefits	86,589,495	50,036,744
Net Assets Available for Benefits:		
Beginning of Year	364,946,327	314,909,583
End of Year	**$ 451,535,822**	**$ 364,946,327**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683
Pension Fund Pension Plan

Statement of Accumulated Plan Benefits
As of December 31, 2024

	2024
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits:	
Participants currently receiving benefits	$ 195,654,853
Other participants	170,301,615
	365,956,468
Nonvested Benefits	16,928,159
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 382,884,627**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683
Pension Fund Pension Plan

Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024

	2024
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 361,787,803
Increase (Decrease) During Year Attributable to:	
Decrease in discount period	23,741,469
Assumption change	1,278,166
Benefits paid	(20,458,728)
Plan experience and benefit accrual	16,535,917
Net Change	21,096,824
Actuarial Present Value of Accumulated Plan Benefits at End of Year	**$ 382,884,627**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683
Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2025 and 2024

Note A – Description of Plan

The following brief description of the IBEW Local 683 Pension Fund Pension Plan ("Plan") is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan (and related trust) was established with an effective date of June 1, 1966. The Plan is a multi-employer defined benefit pension plan established pursuant to a collective bargaining agreement ("CBA") between the International Brotherhood of Electrical Workers 683, 688, and 1105 ("Locals") representing the employees, and the Columbus Division of the Central Ohio Chapter, National Electrical Contractors Association ("Association") to provide retirement, death, and disability benefits for eligible participants and beneficiaries. Employees become eligible to participate on January 1 or July 1 coincident with or following completion of 435 hours of employment covered by the collective bargaining agreements for the Locals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the Board of Trustees ("Trustees") and is governed by a board consisting of equal representation from the participating employers and the Locals.

Funding Policy

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by collective bargaining agreement. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of December 31, 2025.

Normal Retirement Age

Normal retirement age is age 62 and requires 5 years of vesting service.

Pension Benefits

Members with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age. The Plan permits early retirement with reduced benefits at age 55 with 5 years of vesting service, or unreduced benefits at age 60 with 30 years of vesting service. Members may elect to receive their pension benefits in the form of a joint and survivor annuity. If members terminate before rendering 5 years of service, they forfeit the right to receive Plan benefits.

Death Benefits

A surviving spouse of a vested participant who dies before retirement is entitled to a Qualified Pre-Retirement Survivor Annuity calculated as an age-55 early retirement benefit payable in the form of a 50% joint-and-survivor annuity. The Plan provides a minimum pre-retirement death benefit equal to 100% of the participant's accrued benefit, payable immediately over 60 months, to either the surviving spouse or the beneficiary of an unmarried participant.

If a vested participant dies after pension payments have begun, benefits will be paid in accordance with the form of benefit distribution applicable to the participant, as defined in the Plan agreement.

Note A – Description of Plan (continued)

Disability Benefits
Active members must have 5 years of service, must be disabled for a continuous period of not less than 12 months and submit proof of a Social Security Disability Award. If the member is unable to provide proof of a Social Security Disability award and meets all other requirements, 10 years of service are required. Members who meet these eligibility requirements will receive a monthly benefit (payable in the Normal Form of Benefit payments) equal to the member's full accrued benefit as of the date determined to be totally and permanently disabled. The benefit is payable immediately without reduction for early commencement.

Note B – Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates
The financial statements of the Plan are prepared under the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
All investments of the Plan are nonparticipant directed investments. Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis. Net appreciation includes the Plan’s gains on investments bought, sold, and held during the year.

Employer Contributions Receivable
Employer contributions receivable are based on actual collections subsequent to year end. Delinquent employer contributions are not included in employer contributions receivable as management does not consider delinquent amounts to be collectible. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial. See the "Funding Policy" section of Note A for additional information regarding employer contributions.

Reciprocity Agreements
The Plan has signed reciprocity agreements with other IBEW Locals, allowing members of Local 683 to work under the jurisdiction of other IBEW Locals and for members of other IBEW Locals to work in the jurisdiction of Local 683. Contributions received by other IBEW Locals for members of Local 683 are reciprocated back to the Local 683 Plan, which is recorded as reciprocity received on the statements of changes in net assets available for benefits. Contributions received by Local 683 for members of other Locals are reciprocated out of the Local 683 Plan to the members’ home Local, which is recorded as reciprocity paid on the statements of changes in net assets available for benefits. Amounts due from or due to other IBEW Locals are recorded as reciprocal contributions receivable or payable, respectively, on the statements of net assets available for benefits.

Note B – Summary of Significant Accounting Policies (continued)

Cash
Cash consists of amounts held in bank accounts at financial institutions. Such balances may be held in non-interest-bearing or interest-bearing accounts, including accounts with automatic sweep features, and are available for use by the Plan on demand.

Payment of Benefits
Benefits are paid monthly to eligible pensioners and their beneficiaries on the first day of the month. Benefit payments are recorded upon distribution.

Administrative Expenses
The Plan's expenses are paid by the Plan, as provided by the Plan agreement. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net investment income presented in the accompanying statements of changes in net assets available for benefits.

Shared and Allocated Expenses
The Plan participates in certain administrative and professional service arrangements that also benefit other related plans and programs. Certain expenses may be invoiced to, or paid by, one of the related arrangements and are allocated among the benefiting plans based on reasonable methods reflecting the relative benefits received. The Plan is charged only for the portion of expenses properly attributed to it.

Reclassifications
Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with this year's presentation. Such reclassification relates to the presentation of an investment as a registered investment fund.

Note C – 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 for the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries.

Benefits under the Plan are accumulated based on employer contributions made on behalf of a member and anticipated years of credited service. The accumulated plan benefits for active members are based on data for the year ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, including retirement, death, and disability, are included to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The Plan's actuaries determined the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the possibility of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note C – Actuarial Present Value of Accumulated Plan Benefits (continued)

The most recent actuarial valuation was prepared by Cuni, Rust & Strenk. The significant actuarial assumptions used in the valuation as of December 31, 2024 were as follows:

Interest rates: 1) Funding/Withdrawal Liability – 7.00%, 2) Current Liability – 4.01%, 3) ASC 960 – 6.75%.

Termination/disability rates: Termination with less than 2 years of service – 0.25; 2 to 3 years of service – 0.15; otherwise:

Age	Termination	Disability
25	0.08775	0.00181
35	0.05445	0.00236
45	0.03285	0.00431
55	0.01890	0.01137
65	0.00000	0.01227

Life expectancy of participants: 1) Non-disabled – Blue Collar adjusted Pri-2012, 2) Retired – Blue Collar adjusted Pri-2012 Retiree, 3) Survivor – Blue Collar adjusted Pri-2012 Contingent Survivor, 4) Disabled – Pri-2012 Disabled Retiree, 5) Weighting – Amount-weighted, 6) Future Improvement – Projected generationally using Scale MP-2021, 7) Current Liability – 2025 Generational (IRS Notice 2024-42).

Actuarial cost method: Unit credit

Retirement rates:

	Actives		
Age	<30 Years of Service	>30 Years of Service	Term Vested
55-58	0.05	0.05	0.05
59-60	0.05	0.30	0.05
61	0.35	0.50	0.05
62	0.35	0.50	0.20
63-65	0.35	0.50	0.10
66-71	0.50	0.50	0.15
72	1.00	1.00	1.00

Payment form elections: 1) 5-year C&L – 40%, 2) 10-Year C&L – 10%, 3) 50% J&S with pop-up – 25%, 4) 75% J&S with pop-up – 25%, 5) Bridge Payment – 0%

Percent married/spousal age: 80% with husbands 3 years older than their wives.

Number of hours worked: 1,850 per year

Expense load: $595,000 increasing by 2.50% per year

Note C – Actuarial Present Value of Accumulated Plan Benefits (continued)

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding benefit information date, December 31, 2023, to the current benefit information date, December 31, 2024, are as follows:

- The current liability interest rate increased from 3.29% to 4.01%. The current liability mortality assumption has been updated, as mandated.
- The hours worked increased from 1,800 to 1,850 hours per year.
- The expense load increased from $530,000 to $595,000.
- The retirement, termination, disability, and payment form election rates were updated.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences.

Information shown in the statement of accumulated plan benefits and statement of changes in accumulated plan benefits at and for the year ended December 31, 2024 was provided by the actuary's report. Participants should refer to the Cuni, Rust and Strenk report dated December 4, 2025 for additional information.

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

Note D – Plan 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 by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Note D - Plan Termination (continued)

4. All nonvested benefits.

Certain benefits under the Plan are insured by the 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. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Participants should refer to the Plan agreement for more complete information concerning vesting, benefits, and other provisions.

Note E - Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by 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 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

Note E - Investments and Fair Value Measurements (continued)

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

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.

Money market funds: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are therefore reported as level 1.

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 63,849	$ -	$ -	$ 63,849
Mutual funds	144,415,807	-	-	144,415,807
Total Assets in Fair Value Hierarchy	$ 144,479,656	$ -	$ -	144,479,656
Investments Valued at NAV				294,614,916
Total				$439,094,572

There were no level 2 or 3 investments as of December 31, 2025.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 59,272	$ -	$ -	$ 59,272
Mutual funds	116,196,487	-	-	116,196,487
Total Assets in Fair Value Hierarchy	$ 116,255,759	$ -	$ -	116,255,759
Investments Valued at NAV				240,230,626
Total				$356,486,385

There were no level 2 or 3 investments as of December 31, 2024.

Note E – Investments and Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of December 31, 2025 and December 31, 2024.

	2025	2024	Redemption Frequency	Redemption Notice Period
Registered inv. fund (a)	$ 2,152,413	$ 2,007,774	Monthly	15 days
Common collective trust (b)	156,853,544	133,107,718	Daily	Same day
Common collective trust (c)	7,520,585	7,179,143	Quarterly	60 days
Common collective trust (d)	64,655,383	-	Daily	Same day
Private REIT (e)	5,076,464	5,049,802	Upon request	See (e)
103-12 investment entity (f)	-	47,780,219	Daily	Daily
103-12 investment entity (g)	44,952,185	32,285,730	Twice monthly	See (g)
103-12 investment entity (h)	5,753,054	5,357,387	Quarterly	45 days
Limited partnership (i)	7,651,288	7,462,853	Quarterly	See (i)
	$ 294,614,916	$ 240,230,626		

a) Registered investment fund: The AFL-CIO Housing Investment Trust is a no-load, open-end investment company registered under the Investment Company Act of 1940. The Fund invests primarily in fixed-income mortgage-backed assets, with an emphasis on multifamily and single-family housing investments, and seeks competitive risk-adjusted returns relative to the Bloomberg U.S. Aggregate Bond Index. The Fund is valued monthly, and redemptions are permitted monthly upon 15 days' prior notice.

b) Common collective trust: The IBEW-NECA Equity Index Fund seeks, as nearly as practical, to replicate the performance of the Standard & Poor's 500 Index by investing primarily in the common stocks comprising that index. Investments are valued daily, and purchases and redemptions are transacted at the net asset value determined on each daily valuation date.

c) Common collective trust: The ASB Allegiance Real Estate Fund is an open-end, commingled collective investment fund established for qualified employee benefit plans. The Fund invests through affiliated entities in a diversified portfolio of institutional commercial real estate. Unit values are determined quarterly. Withdrawal requests are honored on a pro rata basis from available liquid assets, as determined by the Trustee, on a valuation date following receipt of written notice.

d) Common collective trust: The PIMCO Total Return Collective Trust seeks maximum total return, consistent with prudent investment management, primarily through a diversified portfolio of fixed-income instruments. The Fund's net asset value is determined at the close of regular trading on each day the New York Stock Exchange is open.

e) Private real estate investment trust: INDURE Build-to-Core Fund, LLC is an open-end, commingled real estate fund that invests in commercial and residential real estate and real estate-related assets to generate income and appreciation. A member may request redemption of all or a portion of units purchased with cash at any time. For units acquired through noncash capital contributions, the Fund is not required to redeem more than 20% of the initial units during the first 24 full calendar months following issuance.

Note E – Investments and Fair Value Measurements (continued)

f) 103-12 investment entity: Western Asset US Core Plus, L.L.C. is a master fund whose objective is to maximize long-term total return consistent with prudent investment management. Under normal market conditions, the Fund expects to invest at least 70% of its net assets in investment-grade debt and fixed-income securities. NAV is determined on each business day on which New York banks are open and the New York Stock Exchange is open, and issuances and redemptions are made on those days at closing NAV.

g) 103-12 investment entity: The Arrowstreet International Equity – ACWI ex US Fund is a sub-fund of the Arrowstreet US Group Trust. The Fund seeks returns in excess of the MSCI All Country World ex US Investable Market Index and invests primarily in long positions in publicly traded equity securities. Withdrawals are permitted on dealing days occurring on the first and fifteenth calendar days of each month, or the next business day, subject to the advance-notice requirements in the confidential offering memorandum.

h) 103-12 investment entity: The Ullico Infrastructure Tax-Exempt Fund, L.P. invests substantially all of its assets in the Ullico Infrastructure Master Fund, L.P., which invests in a diversified portfolio of infrastructure businesses in the United States and Canada. The Fund seeks risk-adjusted returns with significant annual cash yield and relatively low volatility. After a four-year lockup period, a limited partner may submit a redemption request upon 45 days' notice and will be placed in a redemption queue. Redemptions are completed on the last business day of a fiscal quarter as liquidity becomes available.

i) Limited partnership: Boyd Watterson GSA Fund, L.P. is a perpetual-life, open-end commingled real estate fund that invests primarily in commercial real estate leased to the U.S. federal government through the General Services Administration or other federal agencies. The Fund is the sole Class A shareholder of Boyd Watterson GSA REIT. Partners may request redemption by providing written notice. Requests are fulfilled sequentially based on the quarter submitted and may be deferred until sufficient available cash exists, which the General Partner evaluates quarterly.

Note F – Tax Status

The Plan obtained its latest determination letter on September 2, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related Trust is tax exempt.

Note G – Related Party and Party in Interest Transactions

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA. Such fees are included on the statements of changes in net assets available for benefits. Additionally, the Plan holds investments with certain service providers to which it pays such fees. To the best of management's knowledge, all transactions with these parties are in compliance with ERISA's prohibited-transaction exemptions. Detailed listings of such investments are presented in the accompanying Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

The Plan pays fees for Trustees to attend conferences and meetings in order for them to continue their education regarding their duties and responsibilities. Reimbursements payable to the Trustees for such fees totaled $0 as of the years ended December 31, 2025 and 2024, which is included in accounts payable – administrative expenses on the statements of net assets available for benefits. Total expenses for these conferences and meetings are included on the statements of changes in net assets available for benefits.

The Plan shares common governance with related organizations including the International Brotherhood of Electrical Workers 683, 688, and 1105 Unions, the Columbus Division of the Central Ohio Chapter National Electrical Contractors Association, IBEW 683 Profit Sharing Annuity Plan, IBEW 683 Health and Welfare Plan, and IBEW 683 Education Plan, all of which are tax-exempt.

Note H – Risks and Uncertainties

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

Concentration of Cash
The Plan maintains its cash in bank deposit accounts at one financial institution. The balances, at times, may exceed current federally insured limits through the Federal Deposit Insurance Corporation of $250,000 per institution.

Significant Participating Employers
During the years ended December 31, 2025 and 2024, four employers represented 56% and 55%, respectively, of total employer contributions to the Plan. In the event one of these employers was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

Actuarial Present Value of Accumulated Plan Benefits
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 I – Plan Amendments

During the plan year ended December 31, 2025, the Plan was amended for the following:

- Effective January 1, 2025 and executed March 20, 2025, the Plan agreement was amended to continue the temporary waiver of suspension of benefits from calendar year 2024 through calendar year 2025. The amendment also implemented a special adjustment to calendar year 2025 retirement benefits, where retired participants in pay status at January 1, 2025 will receive one additional benefit payment.

- Effective January 1, 2025 and executed June 24, 2025, the Plan agreement was amended to provide for a "fresh start" regarding the calculation of withdrawal liability.

- Effective January 1, 2026 and executed June 24, 2025, the Plan agreement was amended to increase the benefit accrual rate.

Note J – Subsequent Events

Effective December 18, 2025 and executed March 3, 2026, the Plan was amended to update the determination of the actuarial equivalence of lump sum distributions and pension purchase benefits.

Effective January 1, 2026 and executed March 3, 2026, the Plan was amended to add a special retiree adjustment payment in the 2026 Plan year for all eligible participants.

Effective March 3, 2026 and executed June 2, 2026, the Plan was amended the update the provisions of total and permanent disability distributions.

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

IBEW Local 683
Pension Fund Pension Plan
FEIN 34-1442087, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
	Blackrock Liquidity Funds Fedfund	Money market fund	$ 2,470	$ 2,470
*	Meeder Institutional Prime MM	Money market fund	61,379	61,379
			63,849	63,849
	Mutual Funds			
	Baird Aggregate Bond Fund	Mutual fund	68,820,181	63,546,685
	Harbor FDS Diversified Retirement	Mutual fund	31,851,527	42,975,876
	Vanguard Extended Market Index Fund	Mutual fund	22,338,622	37,893,246
			123,010,330	144,415,807
	Registered Investment Fund			
*	AFL-CIO Housing Investment Trust	Registered investment fund	2,288,114	2,152,413
	Common Collective Trusts			
*	IBEW-NECA Equity Index Fund	Common collective trust	19,785,543	156,853,544
	ASB Allegiance Real Estate Fund	Common collective trust	7,589,331	7,520,585
	PIMCO Total Return Collective Trust - Class SM	Common collective trust	61,637,745	64,655,383
			89,012,619	229,029,512
	Private Real Estate Investment Trust			
*	INDURE Build-to-Core Fund LLC	Private real estate investment trust	3,316,727	5,076,464
	103-12 Investment Entities			
	Arrowstreet International Equity Fund	103-12 investment entity	18,687,704	44,952,185
*	Ullico Infrastructure Tax-Exempt Fund, LP	103-12 investment entity	4,892,134	5,753,054
			23,579,838	50,705,239
	Limited Partnership			
*	Boyd Watterson GSA Fund, LP	Limited partnership	7,500,000	7,651,288
	Total Assets Held For Investment		**$ 248,771,477**	**$ 439,094,572**

* Denotes party in interest

See Independent Auditors' Report.

IBEW Local 683
Pension Fund Pension Plan
FEIN 34-1442087, PN 001

Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(l) Gain or (Loss)
Single								
Western Asset Management	Western Asset US Core Plus, LLC	$ -	$ 49,237,745	$ -	$ -	$ 50,819,946	$ 49,237,745	$ (1,582,201)
PIMCO	PIMCO Total Return Collective Trust - Class SM	49,237,745	-	-	-	-	49,237,745	-
Aggregate								
Western Asset Management	Western Asset US Core Plus, LLC	-	49,237,745	-	-	50,819,946	49,237,745	(1,582,201)
PIMCO	PIMCO Total Return Collective Trust - Class SM	61,637,745	-	-	-	-	61,637,745	-
Blackrock	Blackrock Liquidity Funds Fedfund	-	12,401,272	-	-	12,401,272	12,401,272	-
Blackrock	Blackrock Liquidity Funds Fedfund	12,403,395	-	-	-	-	12,403,395	-

See Independent Auditors' Report.

2025 Form 5500 *e-file* Signature Authorization

IBEW LOCAL 683 BOARD OF TRUSTEES
IBEW LOCAL 683 PENSION FUND PENSION PLAN 001
5735 Elizabeth Avenue
St. Louis, MO 63110

Employer Identification Number: **-***2087

Client Identification Number: IBEW683PF

You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2025 Form 5500 for IBEW LOCAL 683 PENSION FUND PENSION PLAN as an EFAST2 Service Provider.

Authorization

As plan administrator for IBEW LOCAL 683 PENSION FUND PENSION PLAN, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2025. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization 

Date: 10/5/26

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: [X] 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 ▶ [X]

D Check box if filing under: [X] 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
IBEW LOCAL 683 PENSION FUND PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
IBEW LOCAL 683 BOARD OF TRUSTEES

COREY WIRTH
5735 ELIZABETH AVENUE

ST. LOUIS MO 63110

2b Employer Identification Number (EIN) 34-1442087

2c Plan Sponsor's telephone number 314-752-2330

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	[signature]	10/5/26	PAT HOOK
	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

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Interest Rates:

   a. Funding / Withdrawal Liability — 7.00%.

   b. Current Liability — 4.01%.

2. Mortality Rates:

   a. Funding / Withdrawal Liability

      i. Non-Disabled — Blue Collar adjusted Pri-2012.

      ii. Retired — Blue Collar adjusted Pri-2012 Retiree.

      iii. Survivor — Blue Collar adjusted Pri-2012 Contingent Survivor.

      iv. Disabled — Pri-2012 Disabled Retiree.

      v. Weighting — Amount-weighted.

      vi. Future Improvement — Projected generationally using Scale MP-2021.

   b. Current Liability — 2025 Generational (IRS Notice 2024-42).

3. Actuarial Cost Method: Unit Credit.

4. Number of Hours Worked: 1,850 per year.

5. Termination/Disability Rates: Termination with less than 2 Years of Service – 0.25; 2 to 3 Years of Service – 0.15; otherwise:

Age	Termination	Disability
25	0.08775	0.00181
35	0.05445	0.00236
45	0.03285	0.00431
55	0.01890	0.01137
65	0.00000	0.01227

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

7. Retirement Rates:

	Actives		
Age	<30 Years of Service	>30 Years of Service	Terminated Vested
55-58	0.05	0.05	0.05
59-60	0.05	0.30	0.05
61	0.35	0.50	0.05
62	0.35	0.50	0.20
63-65	0.35	0.50	0.10
66-71	0.50	0.50	0.15
72	1.00	1.00	1.00

The weighted average retirement age is 61.1.

8. Payment Form Election:

Payment Forms	% Electing
5-Year C&L	40%
10-Year C&L	10%
50% J&S	25%
75% J&S	25%
Bridge Payment	0%

9. Expense Load: $595,000 increasing by 2.5% per year.

10. Actuarial Value of Assets: Market Value of Assets less $^{4}/_{5}$, $^{3}/_{5}$, $^{2}/_{5}$ and $^{1}/_{5}$ of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 20% of the Market Value.

11. Employer Contributions: Contributed throughout the Plan Year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

12. Changes Since Last Year:	The retirement, termination, disability, and payment form election rates were updated, the hours assumption and expense load were increased, and the Current Liability mortality and interest rate were updated as mandated by the IRS.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Effective Date: June 1, 1966.

2. Plan Year: January 1st through December 31st.

3. Eligibility/Covered Employees: January 1st or July 1st coincident with or following 435 hours worked in employment covered by the Local 683, 688, and 1105 Collective Bargaining Agreements.

4. Year of Service: 1 Year for each Plan Year with 435 hours worked.

5. Benefit Service: 1 Year for each Plan Year with 1,800 hours worked at the Local 683 base journeyman rate, pro-rated for hours worked other than 1,800 and for contribution rates other than the Local 683 base journeyman rate.

6. Normal Retirement:

   a. Eligibility: Age 62 and 5th anniversary of plan participation.

   b. Monthly Benefit:

Effective Date	Benefit Credit
January 1, 2004	$100
January 1, 2008	$110
January 1, 2014	$120
January 1, 2022	$130
January 1, 2024	$140
January 1, 2026	$150

Prior to January 1, 2004 the benefit was 3.25% of contributions.

7. Vested Retirement:

   a. Eligibility: 5 Years of Service.

   b. Monthly Benefit: Calculated as for Normal or Early Retirement.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

8. Early Retirement:

a. Eligibility	Age 55 and 5 Years of Service.
b. Monthly Benefit	Calculated as for Normal Retirement with benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement or age 60 with 30 Years of Service.

9. Disability Retirement:

a. Eligibility	Total and Permanent Disability and 5 Years of Service.
b. Monthly Benefit	Calculated as for Normal Retirement, payable immediately with no reduction for early commencement.

10. Pre-Retirement Death:

a. Eligibility	5 Years of Service.
b. Monthly Benefit	Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Minimum benefit of 100% of accrued benefit payable immediately for 60 months (payable to both surviving spouses and beneficiaries of unmarried participants).

11. Contribution Credit Reward:

a. Eligibility	Active and eligible for Unreduced Early Retirement or Normal Retirement.
b. Benefit Amount	Annual payment of $6 per hour worked during the prior year, prorated for contribution rates lower than the journeyman rate

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

12. Payment Forms:

a. Normal — 5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity, unreduced for Pop-Up (QJSA) for married participants.

b. Optional — Actuarially Equivalent 75% Joint & Survivor Annuity, unreduced for Pop-Up (QOSA), 10-Year Certain & Life Annuity, and Bridge Payment Annuity.

13. Actuarial Equivalency: UP-1984 Mortality Table, set-back 5 years for spouses at 6.50%.

14. Employer Contributions:

a. Local 683/1105

Effective Date	Hourly Rate
June 1, 2023	$7.27
June 2, 2025	$7.52

b. Local 688

Effective Date	Hourly Rate
June 1, 2020	$7.75

c. Teledata

Effective Date	Hourly Rate
May 29, 2023	$2.00
June 2, 2025	$3.50

15. Changes Since Last Year: The monthly Benefit Credit was increased to $150 effective January 1, 2026 and the contribution rates were updated.

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

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
IBEW Local 683 Pension Fund Pension Plan

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, IBEW Local 683 Pension Fund Pension Plan

D Employer Identification Number (EIN)
34-1442087

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

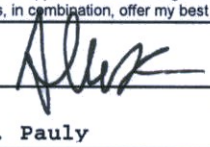
1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
	(1) Current value of assets	1b(1)	364,946,327
	(2) Actuarial value of assets for funding standard account	1b(2)	364,081,055
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	371,609,458
	(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)	371,609,458
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	572,737,169
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	29,007,243
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	22,215,852
	(3) Expected plan disbursements for the plan year	1d(3)	22,810,852

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

8-31-26
Date

Allen L. Pauly
Type or print name of actuary

26-08895
Most recent enrollment number

Cuni, Rust & Strenk
Firm name

(513) 891-0270
Telephone number (including area code)

4555 Lake Forest Drive - Suite 620

US Cincinnati OH 45242-3760
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**	364,946,327
b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability	
(1) For retired participants and beneficiaries receiving payment	1,143	252,619,687	
(2) For terminated vested participants	584	79,408,689	
(3) For active participants:			
(a) Non-vested benefits		11,206,407	
(b) Vested benefits		229,502,386	
(c) Total active	2,940	240,708,793	
(4) Total	4,667	572,737,169	
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.72 %

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
12/31/2025	47,634,782				
			Totals ► **3(b)**	47,634,782	**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**	98.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

			Pre-retirement	Post-retirement
a	Interest rate for "RPA '94" current liability	6a	4.01 %	
b	Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c	Mortality table code for validation purposes:			
	(1) Males	6c(1)	9P	9P
	(2) Females	6c(2)	9FP	9FP
d	Valuation liability interest rate	6d	7.00 %	7.00 %
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)	7.00 %	
g	Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.5 %	
h	Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9 %	
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)	595,000	
	(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5,975,356	613,142
4	1,079,050	110,723

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 ruling letter approving the extension	8d(5)	
	(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e	If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a	Prior year funding deficiency, if any	9a	0
b	Employer's normal cost for plan year as of valuation date	9b	14,142,031

			Outstanding balance	
c	Amortization charges as of valuation date:			
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	79,899,877	13,117,462
	(2) Funding waivers	9c(2)	0	0
	(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d	Interest as applicable on lines 9a, 9b, and 9c	9d		1,908,164
e	Total changes. Add lines 9a through 9d	9e		29,167,657
	Credits to funding standard account:			
f	Prior year credit balance, if any	9f		57,188,826
g	Employer contributions. Total from column (b) of line 3	9g		47,634,782
			Outstanding balance	
h	Amortization credits as of valuation date	9h	15,182,648	2,539,522
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		5,820,004
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	9j(1)	84,379,409	
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	176,866,215	
	(3) FFL credit	9j(3)		0
k	**(1)** Waived funding deficiency	9k(1)		0
	(2) Other credits	9k(2)		0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		113,183,134
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m		84,015,477
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o	Current year's accumulated reconciliation account:			
	(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
	(3) Total as of valuation date	9o(3)		0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Effective Date: June 1, 1966.

2. Plan Year: January 1st through December 31st.

3. Eligibility/Covered Employees: January 1st or July 1st coincident with or following 435 hours worked in employment covered by the Local 683, 688, and 1105 Collective Bargaining Agreements.

4. Year of Service: 1 Year for each Plan Year with 435 hours worked.

5. Benefit Service: 1 Year for each Plan Year with 1,800 hours worked at the Local 683 base journeyman rate, pro-rated for hours worked other than 1,800 and for contribution rates other than the Local 683 base journeyman rate.

6. Normal Retirement:

   a. Eligibility: Age 62 and 5th anniversary of plan participation.

   b. Monthly Benefit:

Effective Date	Benefit Credit
January 1, 2004	$100
January 1, 2008	$110
January 1, 2014	$120
January 1, 2022	$130
January 1, 2024	$140
January 1, 2026	$150

Prior to January 1, 2004 the benefit was 3.25% of contributions.

7. Vested Retirement:

   a. Eligibility: 5 Years of Service.

   b. Monthly Benefit: Calculated as for Normal or Early Retirement.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

8. Early Retirement:

a. Eligibility	Age 55 and 5 Years of Service.
b. Monthly Benefit	Calculated as for Normal Retirement with benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement or age 60 with 30 Years of Service.

9. Disability Retirement:

a. Eligibility	Total and Permanent Disability and 5 Years of Service.
b. Monthly Benefit	Calculated as for Normal Retirement, payable immediately with no reduction for early commencement.

10. Pre-Retirement Death:

a. Eligibility	5 Years of Service.
b. Monthly Benefit	Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Minimum benefit of 100% of accrued benefit payable immediately for 60 months (payable to both surviving spouses and beneficiaries of unmarried participants).

11. Contribution Credit Reward:

a. Eligibility	Active and eligible for Unreduced Early Retirement or Normal Retirement.
b. Benefit Amount	Annual payment of $6 per hour worked during the prior year, prorated for contribution rates lower than the journeyman rate

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

12. Payment Forms:

a. Normal — 5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity, unreduced for Pop-Up (QJSA) for married participants.

b. Optional — Actuarially Equivalent 75% Joint & Survivor Annuity, unreduced for Pop-Up (QOSA), 10-Year Certain & Life Annuity, and Bridge Payment Annuity.

13. Actuarial Equivalency: UP-1984 Mortality Table, set-back 5 years for spouses at 6.50%.

14. Employer Contributions:

a. Local 683/1105

Effective Date	Hourly Rate
June 1, 2023	$7.27
June 2, 2025	$7.52

b. Local 688

Effective Date	Hourly Rate
June 1, 2020	$7.75

c. Teledata

Effective Date	Hourly Rate
May 29, 2023	$2.00
June 2, 2025	$3.50

15. Changes Since Last Year: The monthly Benefit Credit was increased to $150 effective January 1, 2026 and the contribution rates were updated.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Interest Rates:

   a. Funding / Withdrawal Liability — 7.00%.

   b. Current Liability — 4.01%.

2. Mortality Rates:

   a. Funding / Withdrawal Liability

      i. Non-Disabled — Blue Collar adjusted Pri-2012.

      ii. Retired — Blue Collar adjusted Pri-2012 Retiree.

      iii. Survivor — Blue Collar adjusted Pri-2012 Contingent Survivor.

      iv. Disabled — Pri-2012 Disabled Retiree.

      v. Weighting — Amount-weighted.

      vi. Future Improvement — Projected generationally using Scale MP-2021.

   b. Current Liability — 2025 Generational (IRS Notice 2024-42).

3. Actuarial Cost Method: Unit Credit.

4. Number of Hours Worked: 1,850 per year.

5. Termination/Disability Rates: Termination with less than 2 Years of Service – 0.25; 2 to 3 Years of Service – 0.15; otherwise:

Age	Termination	Disability
25	0.08775	0.00181
35	0.05445	0.00236
45	0.03285	0.00431
55	0.01890	0.01137
65	0.00000	0.01227

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

7. Retirement Rates:

	Actives		
Age	<30 Years of Service	>30 Years of Service	Terminated Vested
55-58	0.05	0.05	0.05
59-60	0.05	0.30	0.05
61	0.35	0.50	0.05
62	0.35	0.50	0.20
63-65	0.35	0.50	0.10
66-71	0.50	0.50	0.15
72	1.00	1.00	1.00

The weighted average retirement age is 61.1.

8. Payment Form Election:

Payment Forms	% Electing
5-Year C&L	40%
10-Year C&L	10%
50% J&S	25%
75% J&S	25%
Bridge Payment	0%

9. Expense Load: $595,000 increasing by 2.5% per year.

10. Actuarial Value of Assets: Market Value of Assets less $^{4}/_{5}$, $^{3}/_{5}$, $^{2}/_{5}$ and $^{1}/_{5}$ of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 20% of the Market Value.

11. Employer Contributions: Contributed throughout the Plan Year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

12. Changes Since Last Year:	The retirement, termination, disability, and payment form election rates were updated, the hours assumption and expense load were increased, and the Current Liability mortality and interest rate were updated as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Rationale for Selection of Significant Actuarial Assumptions:

1. Interest Rate:	Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rate:	Funding interest rate as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates:	Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
4. Retirement Rates:	Based on the Plan's most recent experience study.
5. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
6. Termination/Disability Rates:	Based on the Plan's most recent experience study.
7. Payment Form Election:	Based on the Plan's most recent experience study.
8. Expense Load:	Based on prior year administrative expenses.

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$1,067,953	$549,617	$20,554,030	$22,171,600
2026	$2,304,554	$796,128	$20,110,225	$23,210,907
2027	$3,529,021	$1,079,990	$19,632,514	$24,241,525
2028	$4,645,496	$1,357,792	$19,114,253	$25,117,541
2029	$5,810,219	$1,657,516	$18,569,185	$26,036,920
2030	$6,682,248	$1,920,715	$18,014,635	$26,617,598
2031	$7,382,946	$2,257,784	$17,450,068	$27,090,798
2032	$8,128,954	$2,579,779	$16,866,241	$27,574,974
2033	$8,882,772	$2,978,145	$16,246,206	$28,107,123
2034	$9,641,931	$3,365,081	$15,591,638	$28,598,650
2035	$10,241,298	$3,675,362	$14,937,875	$28,854,535
2036	$10,769,726	$4,002,391	$14,284,151	$29,056,268
2037	$11,245,700	$4,271,151	$13,617,870	$29,134,721
2038	$11,798,945	$4,544,271	$12,940,596	$29,283,812
2039	$12,281,244	$4,750,263	$12,253,960	$29,285,467
2040	$12,705,912	$4,995,091	$11,559,782	$29,260,785
2041	$13,108,838	$5,206,856	$10,860,097	$29,175,791
2042	$13,480,321	$5,378,560	$10,157,188	$29,016,069
2043	$13,803,411	$5,506,869	$9,453,583	$28,763,863
2044	$14,114,557	$5,601,407	$8,752,066	$28,468,030
2045	$14,384,239	$5,675,436	$8,055,676	$28,115,351
2046	$14,628,669	$5,729,707	$7,367,767	$27,726,143
2047	$14,823,272	$5,742,720	$6,692,043	$27,258,035
2048	$15,055,640	$5,722,837	$6,032,511	$26,810,988
2049	$15,207,214	$5,761,623	$5,393,454	$26,362,291

1/1 Plan Year	Active Participants	Terminated Vested Participant	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$15,347,384	$5,772,650	$4,779,379	$25,899,413
2051	$15,478,711	$5,712,073	$4,194,963	$25,385,747
2052	$15,579,894	$5,613,141	$3,644,811	$24,837,846
2053	$15,683,745	$5,511,673	$3,133,126	$24,328,544
2054	$15,661,356	$5,393,245	$2,663,445	$23,718,046
2055	$15,646,277	$5,240,424	$2,238,333	$23,125,034
2056	$15,500,623	$5,071,575	$1,859,163	$22,431,361
2057	$15,352,279	$4,873,935	$1,526,026	$21,752,240
2058	$15,168,142	$4,650,950	$1,237,753	$21,056,845
2059	$14,962,644	$4,433,204	$992,054	$20,387,902
2060	$14,736,360	$4,213,840	$785,779	$19,735,979
2061	$14,460,277	$3,979,557	$615,169	$19,055,003
2062	$14,164,441	$3,745,067	$476,110	$18,385,618
2063	$13,882,526	$3,525,292	$364,393	$17,772,211
2064	$13,569,834	$3,300,152	$275,910	$17,145,896
2065	$13,225,079	$3,070,897	$206,798	$16,502,774
2066	$12,827,717	$2,852,313	$153,534	$15,833,564
2067	$12,414,039	$2,634,715	$113,010	$15,161,764
2068	$11,981,298	$2,425,064	$82,539	$14,488,901
2069	$11,535,361	$2,227,656	$59,875	$13,822,892
2070	$11,085,394	$2,034,038	$43,175	$13,162,607
2071	$10,633,660	$1,851,124	$30,967	$12,515,751
2072	$10,176,925	$1,674,863	$22,098	$11,873,886
2073	$9,680,289	$1,508,481	$15,690	$11,204,460
2074	$9,208,310	$1,353,664	$11,085	$10,573,059

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
Attained Age	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.
Under 25	0			449		$ 136	38		$ 536	0			0		
25 to 29	0			323		$ 175	105		$ 744	7			0		
30 to 34	0			278		$ 185	121		$ 768	39		$ 1,377	9		
35 to 39	0			202		$ 183	83		$ 784	25		$ 1,420	36		$ 2,041
40 to 44	0			169		$ 206	62		$ 836	39		$ 1,480	27		$ 1,904
45 to 49	0			123		$ 206	50		$ 891	29		$ 1,337	27		$ 1,843
50 to 54	0			121		$ 188	27		$ 801	11			17		
55 to 59	0			59		$ 193	19			11			18		
60 to 64	0			28		$ 183	6			8			7		
65 to 69	0			4			3			2			2		
70 & up	0			4			0			0			0		

	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
Attained Age	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	6			0			0			0			0		
40 to 44	30		$ 2,527	4			0			0			0		
45 to 49	35		$ 2,422	32		$ 3,034	0			0			0		
50 to 54	30		$ 2,383	42		$ 3,055	16			6			0		
55 to 59	18			30		$ 2,793	24		$ 3,260	27		$ 3,977	1		
60 to 64	10			16			10			9			2		
65 to 69	0			3			0			1			0		
70 & up	0			0			0			0			0		

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments.

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

1/1 Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$33,896,949	$0	$33,896,949
2026	$24,652,327	$0	$24,652,327
2027	$24,652,327	$0	$24,652,327
2028	$24,652,327	$0	$24,652,327
2029	$24,652,327	$0	$24,652,327
2030	$24,652,327	$0	$24,652,327
2031	$24,652,327	$0	$24,652,327
2032	$24,652,327	$0	$24,652,327
2033	$24,652,327	$0	$24,652,327
2034	$24,652,327	$0	$24,652,327

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1996	Amendment	$ 5,075,459	3.95	$ 391,131	$ 1,403,057
01/01/2000	Amendment	3,760,258	7.70	287,945	1,787,228
01/01/2000	Assumption	4,435,805	7.70	339,676	2,108,315
01/01/2007	Assumption	1,085,660	14.51	82,363	787,258
01/01/2008	Assumption	347,469	1.29	36,019	45,845
01/01/2008	Plan Change	2,438,012	1.29	252,720	321,670
01/01/2009	Assumption	366,376	2.16	37,907	78,614
01/01/2009	Experience	9,665,581	2.16	1,000,076	2,074,017
01/01/2010	Assumption	974,610	3.05	100,670	286,503
01/01/2010	Experience	2,245,739	3.05	231,970	660,176
01/01/2011	Assumption	352,130	3.95	36,308	130,238
01/01/2011	Experience	5,580,233	3.95	575,365	2,063,935
01/01/2012	Assumption	2,888,489	4.87	297,337	1,276,733
01/01/2012	Experience	8,384,921	4.87	863,132	3,706,205
01/01/2013	Assumption	1,215,887	5.81	124,957	620,578
01/01/2013	Experience	5,581,314	5.81	573,594	2,848,649
01/01/2014	Assumption	2,649,541	4.00	275,167	997,294
01/01/2015	Assumption	1,674,563	5.00	173,586	761,556
01/01/2016	Experience	2,186,343	6.00	226,224	1,153,784
01/01/2017	Experience	301,533	7.00	31,145	179,595
01/01/2017	Assumption	3,148,095	7.00	325,162	1,875,060
01/01/2018	Assumption	201,980	8.00	20,827	133,064
01/01/2018	Experience	1,122,671	8.00	115,760	739,623
01/01/2019	Experience	7,535,210	9.00	775,669	5,407,423
01/01/2020	Experience	6,264,224	10.00	643,792	4,838,249
01/01/2021	Experience	1,683,266	11.00	172,723	1,385,857
01/01/2021	Assumption	15,984,794	11.00	1,640,228	13,160,506
01/01/2022	Assumption	531,457	12.00	54,534	463,464
01/01/2023	Experience	8,934,718	13.00	916,807	8,198,721
01/01/2023	Amendment	93,330	13.00	9,577	85,642
01/01/2024	Plan Merger*	8,113,626	8.05	1,158,752	7,441,715
01/01/2024	Experience	6,066,303	14.00	622,474	5,824,897
01/01/2025	Experience	5,975,356	15.00	613,142	5,975,356
01/01/2025	Assumptions	1,079,050	15.00	110,723	1,079,050
	Total Charges			$13,117,462	$ 79,899,877

* Local 688 Plan pre-merger charges were combined in accordance with IRC § 431(b)(5).

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

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1996	Assumption	$ 3,570,489	1.00	$ 278,796	$ 278,796
01/01/2002	Assumption	1,029,374	7.00	79,465	458,237
01/01/2004	Assumption	3,401,910	9.00	261,733	1,824,616
01/01/2004	Amendment	810,125	9.00	62,328	434,507
01/01/2014	Experience	3,755,049	4.00	389,980	1,413,409
01/01/2015	Experience	1,305,128	5.00	135,290	593,544
01/01/2016	Assumption	586,026	6.00	60,637	309,264
01/01/2019	Assumption	642,588	9.00	66,148	461,134
01/01/2020	Assumption	352,288	10.00	36,206	272,094
01/01/2022	Experience	5,293,345	12.00	543,160	4,616,136
01/01/2024	Plan Merger*	1,905,547	6.19	323,548	1,692,739
01/01/2024	Amendment	2,945,382	14.00	302,231	2,828,172
	Total Credits			$ 2,539,522	$ 15,182,648

1.	Net Amortization	$ 64,717,229
2.	Credit Balance	$ 57,188,826
3.	Balance Test: [(1) - (2)]	$ 7,528,403
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$371,609,458
	b. Actuarial Value of Assets	364,081,055
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 7,528,403

* Local 688 Plan pre-merger credits were combined in accordance with IRC § 431(b)(5).

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Effective with the January 1, 2025 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was increased from $530,000 to $595,000.
- The hours worked assumption was increased from 1,800 to 1,850 per year.
- The termination, retirement, and disability rates were updated.
- The payment form election percentages were updated.

Federal Statements

IBEW LOCAL 683 PENSION FUND PENSION PLAN
Plan: 001

Plan transactions in excess of 5% of plan assets

Name

Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
SEE ATTACHED	$	$	$	$	$	$	$

Federal Statements

IBEW LOCAL 683 PENSION FUND PENSION PLAN
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		SCHEDULE ATTACHED	$	$

Federal Statements

IBEW LOCAL 683 PENSION FUND PENSION PLAN
Plan: 001

Change in Actuarial Assumptions

Description

EFFECTIVE WITH THE JANUARY 1, 2025 VALUATION, THE FOLLOWING ASSUMPTIONS WERE CHANGED BASED UPON HISTORICAL PLAN AND INDUSTRY DATA AS AN INDICATOR OF ANTICIPATED FUTURE EXPERIENCE:

- THE EXPENSE LOAD WAS INCREASED FROM $530,000 TO $595,000.
- THE HOURS WORKED ASSUMPTION WAS INCREASED FROM 1,800 TO 1,850 PER YEAR.
- THE TERMINATION, RETIREMENT, AND DISABILITY RATES WERE UPDATED.
- THE PAYMENT FORM ELECTION PERCENTAGES WERE UPDATED.