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| 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection |
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| | | | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| Part I Annual Report Identification Information | | | | |
| For calendar plan year 2020 or fiscal plan year beginning | | 10/01/2020 | and ending | 09/30/2021 |
| A | This return/report is for: | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | |
| | | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ | | |
| B | This return/report is: | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report | | |
| | | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) | | |
| C | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/> | | | |
| D | Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program | | |
| | | <input type="checkbox"/> special extension (enter description) | | |

| | | | |
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| Part II Basic Plan Information—enter all requested information | | | |
| 1a | Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | 1b | Three-digit plan number (PN) ▶ 005 |
| | | 1c | Effective date of plan 10/01/1979 |
| 2a | Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING NY 11365 | 2b | Employer Identification Number (EIN) 13-0891035 |
| | | 2c | Plan Sponsor's telephone number (718) 591-2000 |
| | | 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 | | | GERALD FINKEL |
| | 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 |

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

Form 5500 (2020)
v. 200204

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 332 |
| 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) 268 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 258 |
| b Retired or separated participants receiving benefits..... | 6b 2 |
| c Other retired or separated participants entitled to future benefits | 6c 64 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 324 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e 3 |
| f Total. Add lines 6d and 6e | 6f 327 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |

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

1B 3D

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

| | | |
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| <div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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| | |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 | |
| <div>A Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN</div> | <div>B Three-digit plan number (PN) ► 005</div> |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY</div> | <div>D Employer Identification Number (EIN) 13-0891035</div> |
| <div>Part I</div> | <div>Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div> |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| 1 Coverage Information: | | | | | |
| (a) Name of insurance carrier COLUMBIAN MUTUAL LIFE INSURANCE CO. | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
| | | | | (f) From | (g) To |
| 15-0274455 | 62103 | A000002 | 327 | 10/01/2020 | 09/30/2021 |
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. | | | | | |
| (a) Total amount of commissions paid | | | (b) Total amount of fees paid | | |
| 0 | | | 0 | | |
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |

| | | | |
|--------------------------------------------------------------------------------------------------|---------------------------------|-------------|-----------------------|
| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
| | (c) Amount | (d) Purpose | |
| | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |

| | | | |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--------------------------------------------------------------------------------------------------------|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

| | | |
|--------------------------------------------------------------------------------------------------------|--------------|------------|
| b Balance at the end of the previous year | 7b | 11,584,265 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 1,876,038 |
| (2) Dividends and credits..... | 7c(2) | |
| (3) Interest credited during the year..... | 7c(3) | 467,082 |
| (4) Transferred from separate account..... | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| ▶ | | |
| (6) Total additions | 7c(6) | 2,343,120 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 13,927,385 |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 1,673,272 |
| (2) Administration charge made by carrier..... | 7e(2) | |
| (3) Transferred to separate account..... | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| ▶ | | |
| (5) Total deductions | 7e(5) | 1,673,272 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 12,254,113 |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| a Premiums: (1) Amount received | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | 9a(4) | |
| b Benefit charges (1) Claims paid | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | 9b(3) | |
| (4) Claims charged | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions | 9c(1)(A) | | |
| (B) Administrative service or other fees | 9c(1)(B) | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | |
| (D) Other expenses | 9c(1)(D) | | |
| (E) Taxes | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| (G) Other retention charges | 9c(1)(G) | | |
| (H) Total retention | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| (2) Claim reserves | | 9d(2) | |
| (3) Other reserves | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| a Total premiums or subscription charges paid to carrier | 10a | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
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| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit 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. | <small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection |
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For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

► **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 JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | B Three-digit plan number (PN) ► | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY | D Employer Identification Number (EIN) 13-0891035 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| Part I | Basic Information | | |
| 1 | Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2020</u> | | |
| 2 | Assets: | | |
| a Market value | 2a | 22,921,855 | |
| b Actuarial value | 2b | 22,921,855 | |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| a For retired participants and beneficiaries receiving payment..... | | 4 | 268,866 |
| b For terminated vested participants..... | | 60 | 1,374,869 |
| c For active participants | | 268 | 14,843,794 |
| d Total..... | | 332 | 16,487,529 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b | | |
| 5 | Effective interest rate | 5 | 5.58 % |
| 6 | Target normal cost..... | 6 | 764,663 |

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 FRANK SANTASIERO, FSA, FCA, EA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm | Date 04/28/2022 20-06798 Most recent enrollment number (212) 251-5000 Telephone number (including area code) |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

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

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

**Schedule SB (Form 5500) 2020
v. 200204**

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of _____% | 0 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 1398701 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.71</u> % | | 79866 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 1478567 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

Part III Funding Percentages

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 Funding target attainment percentage | 14 | 135.17% |
| 15 Adjusted funding target attainment percentage | 15 | 130.43% |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 124.09% |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and Liquidity Shortfalls**18** 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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/08/2021 | 373,287 | 0 | | | |
| 10/21/2021 | 375,000 | 0 | | | |
| 01/21/2022 | 424,258 | 0 | | | |
| 04/22/2022 | 425,971 | 0 | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 1,598,516 | 18(c) 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,498,836 |

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

68

23 Mortality table(s) (see instructions) ☐☐ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 764,663**b** Excess assets, if applicable, but not greater than line 31a **31b** 764,663**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

| | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement | | | 0 |

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1,498,836**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1,498,836**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em;">2020</div> This Form is Open to Public Inspection. |
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 | | |
| A Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | B Three-digit plan number (PN) ► | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;">005</div> |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY | D Employer Identification Number (EIN) 13-0891035 | |

| | |
|---------------|--------------------------------------------------------|
| 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 |
| CHEVY CHASE TRUST COMPANY 52-2037618 | |

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

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

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

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

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

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

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

| (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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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:

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
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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
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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)**

(Complete as many entries as needed to report all participating plans)

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection |
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 | | |
| A Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | | B Three-digit plan number (PN) ► 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY | | D Employer Identification Number (EIN) 13-0891035 |

| Part I | Asset and Liability Statement | | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| 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 | Total noninterest-bearing cash..... | 1a | | |
| b | Receivables (less allowance for doubtful accounts): | | | |
| | (1) Employer contributions | 1b(1) | 1,502,751 | 1,225,229 |
| | (2) Participant contributions..... | 1b(2) | | |
| | (3) Other | 1b(3) | | |
| c | General investments: | | | |
| | (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| | (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) | | |
| | (6) Real estate (other than employer real property) | 1c(6) | | |
| | (7) Loans (other than to participants) | 1c(7) | | |
| | (8) Participant loans | 1c(8) | | |
| | (9) Value of interest in common/collective trusts | 1c(9) | 9,859,024 | 12,811,781 |
| | (10) Value of interest in pooled separate accounts | 1c(10) | | |
| | (11) Value of interest in master trust investment accounts..... | 1c(11) | | |
| | (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| | (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 11,584,265 | 12,254,113 |
| | (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 22,946,040 | 26,291,123 |

Liabilities

| | | | |
|--------------------------------------------------------------------------|-----------|---|---|
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |

Net Assets

| | | | |
|----------------------------------------------------------|-----------|------------|------------|
| l Net assets (subtract line 1k from line 1f)..... | 1l | 22,946,040 | 26,291,123 |
|----------------------------------------------------------|-----------|------------|------------|

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) | 1,598,516 | |
| (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) | | 1,598,516 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (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) | 467,082 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 467,082 |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 2,952,757 |
| (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 | | 5,018,355 |

Expenses

| | | | |
|-------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 18,256 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 1,654,791 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1,673,047 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other..... | 2i(4) | 225 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 225 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1,673,272 |

Net Income and Reconciliation

| | | | |
|---------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 3,345,083 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |

| | Yes | No | Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------|
| 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.) | | X | |
| 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.) | | X | |
| 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.) | | X | |
| 4d | | X | |
| e Was this plan covered by a fidelity bond? | X | | 15,000,000 |
| 4e | X | | 15,000,000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 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? | | X | |
| 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? | | X | |
| 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.) | X | | |
| 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.) | X | | |
| 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? | | X | |
| 4k | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| 4m | | | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>415798</u> . | | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 | | |
| A Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | | B Three-digit plan number (PN) ▶ 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY | | D Employer Identification Number (EIN) 13-0891035 |
| Part I | Distributions | |
| All references to distributions relate only to payments of benefits during the plan year. | | |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | | 1 0 |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 15-0274455 | | |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500. | | |
| Schedule R (Form 5500) 2020 v. 200204 | | |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

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):

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):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only**Part I Identification**

| A Name of filer, plan administrator, or plan sponsor (see instructions) JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY Number, street, and room or suite no. (If a P.O. box, see instructions) 158-11 HARRY VAN ARSDALE JR. AVENUE City or town, state, and ZIP code FLUSHING NY 11365 | B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-0891035 Social security number (SSN) (9 digits XXX-XX-XXXX) | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|--|--|----|----|------|-------|---|----|------|
| C Plan name JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | <table border="1"><thead><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 5</td><td>9</td><td>30</td><td>2021</td></tr></tbody></table> | Plan number | Plan year ending— | | | MM | DD | YYYY | 0 0 5 | 9 | 30 | 2021 |
| Plan number | Plan year ending— | | | | | | | | | | | |
| | MM | DD | YYYY | | | | | | | | | |
| 0 0 5 | 9 | 30 | 2021 | | | | | | | | | |

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 7 / 15 / 2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 7 / 15 / 2022 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

| | |
|---|--|
| a | |
|---|--|
- b Enter the payment amount attached ►

| | |
|---|--|
| b | |
| c | |
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

| | |
|---|--|
| c | |
|---|--|
- 5 **State in detail why you need the extension:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Financial Report
September 30, 2021

Contents

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| Schedule H, line 4(j)—schedule of reportable transactions | 11 |

Independent Auditor's Report

Board of Trustees

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of September 30, 2021 and 2020, and changes therein for the years then ended and its financial status as of September 30, 2021, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter—Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of September 30, 2021, and schedule of reportable transactions for the year ended September 30, 2021, are presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM VS LLP

New York, New York
July 12, 2022

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Statements of Net Assets Available for Benefits
September 30, 2021 and 2020

| | 2021 | 2020 |
|------------------------------------------|----------------------|----------------------|
| Assets | | |
| Insurance contract, at contract value | \$ 12,254,113 | \$ 11,584,265 |
| Collective trust fund, at fair value | 12,811,781 | 9,859,024 |
| | | |
| Net assets available for benefits | \$ 25,065,894 | \$ 21,443,289 |

See notes to financial statements.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits Years Ended September 30, 2021 and 2020

| | 2021 | 2020 |
|----------------------------------------------------------|----------------------|----------------------|
| Additions: | | |
| Employer contributions | \$ 1,876,038 | \$ 2,041,138 |
| Interest income | 467,082 | 450,039 |
| Net appreciation in value of collective trust fund | 2,952,757 | 1,316,990 |
| Total additions | 5,295,877 | 3,808,167 |
| Deductions: | | |
| Purchases of annuity contracts | 1,654,791 | 1,510,322 |
| Benefits paid directly to participants | 18,256 | 21,048 |
| Other expenses | 225 | 325 |
| Total deductions | 1,673,272 | 1,531,695 |
| Net increase in net assets available for benefits | 3,622,605 | 2,276,472 |
| Net assets available for benefits: | | |
| Beginning | 21,443,289 | 19,166,817 |
| Ending | \$ 25,065,894 | \$ 21,443,289 |

See notes to financial statements.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: The Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan (the Plan) was established pursuant to an agreement dated October 1, 1979. The Plan is a defined benefit pension plan covering substantially all employees of the Joint Industry Board of the Electrical Industry (the Employer or JIB). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Funding policy: The Plan's funding policy is for JIB to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. JIB's contributions for the years ended September 30, 2021 and 2020, exceeded the minimum funding requirements of ERISA.

Eligibility: Employees who have reached the age of 21 and have 12 months of service with 1,000 hours in the first employment year are eligible to join the Plan on the next entry date. Entry dates are April 1 and October 1 each year.

Benefits: The Plan provides for a monthly benefit at normal retirement age of 65 equal to the product of the monthly unit benefit and the participant's benefit accrual service, as defined. The Plan also provides for a minimum retirement benefit, as well as early or deferred retirement and death benefits. A participant is 100% vested after completing five years of service.

Although it has not expressed any intention to do so, JIB has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

The foregoing description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the vesting and benefit provisions of the Plan.

Basis of accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, actuarial present value of accumulated plan benefits and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of benefits: Benefit payments paid directly to participants or when an annuity contract is purchased from an insurance company to settle benefit payments due to participants are both recorded when paid.

Investment valuation and income recognition: The Plan has an unallocated deposit administration insurance contract with Columbian Mutual Life Insurance (the Insurer). Since the contract was entered into prior to March 20, 1992, this investment is stated at contract value, as determined by the Insurer, as permitted by U.S. GAAP. The Insurer credits the Plan's deposits, which are intended to provide future benefits to present employees. The account is credited with interest at a minimum rate of 4% per annum. The Insurer does not guarantee that monies invested in the account will provide sufficient funds to pay the cost of annuities to be purchased and other costs incurred under the contract.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

The investment in the collective trust fund held by the Plan is stated at fair value. Fair value is defined as 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 (i.e., an exit price). See Note 2 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recognized as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) terminated employees or their beneficiaries, (b) present employees or their beneficiaries, (c) retired employees and (d) beneficiaries of employees who have died. Benefits for terminated or retired employees or their beneficiaries are based on the number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service preceding the valuation date. Benefits payable under all circumstances are included, to the extent they are deemed attributable, to employee service rendered to the valuation date. Benefits to be provided via annuity contracts are excluded from plan assets and accumulated plan benefits.

Administrative expenses: The costs of record keeping and administration of the Plan are borne by JIB.

Subsequent events: The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was July 12, 2022, for these financial statements.

Note 2. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework for measuring fair value provides a 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). FASB ASC 820 also provides that fair value may be measured at the net asset value (NAV) per share provided by the issuer for certain entities that calculate NAV per share.

Such investments recorded at NAV are not classified within this hierarchy. At September 30, 2021 and 2020, the fair value of all investments held by the Plan were measured at NAV, as determined by the issuer, based on the fair value of the underlying assets except for the Plan's investment in an unallocated deposit insurance contract, as disclosed in Note 1.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

The following table sets forth disclosures of the Plan's investment whose fair value is estimated using NAV per share as of September 30, 2021 and 2020:

| Investment | 2021 Fair Value | 2020 Fair Value | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|-----------------------|--------------------|--------------------|------------------------|-------------------------|-----------------------------|
| IBEW NECA | | | | | |
| Equity Index Fund (a) | \$12,811,781 | \$ 9,859,024 | \$ - | Daily | None |

(a) IBEW NECA Equity Index Fund is a direct filing entity that is valued daily by the fund's management.

Note 3. Accumulated Plan Benefits

Consulting actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or withdrawal) between the valuation date and the expected date of payment.

The accumulated plan benefits available as of September 30, 2020, are as follows:

| | September 30, 2020 |
|-------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits: | |
| Vested benefits | \$ 291,620 |
| Other vested benefits | 20,204,901 |
| Nonvested benefits | 708,306 |
| Total | <u>\$ 21,204,827</u> |
| Net assets available for benefits | <u>\$ 21,443,289</u> |

The change in accumulated plan benefits for the year ended September 30, 2020, is as follows:

| | |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at October 1, 2019 | <u>\$ 20,442,528</u> |
| Increase (decrease) during the year attributable to: | |
| Benefits accumulated, net experience gain or loss, changes in data | 1,279,639 |
| Interest | 936,361 |
| Benefits paid | (1,531,370) |
| Changes in actuarial assumptions | 77,669 |
| Net increase | <u>762,299</u> |
| Actuarial present value of accumulated plan benefits at September 30, 2020 | <u>\$ 21,204,827</u> |

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Notes to Financial Statements

Note 3. Accumulated Plan Benefits (Continued)

The significant assumptions underlying the actuarial computations are as follows:

| | |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate | 4.25% |
| Mortality basis | Non-Annuitant: Pri-2012 Headcount-weighted Employee Mortality Table projected generationally with Scale MP-2021 Annuitant: Pri-2012 Headcount-weighted Healthy Retiree Mortality Table projected generationally with Scale MP-2021 |
| Retirement age | Normal – age 65 Early – age 55 and completion of 10 years of service |

The Plan was amended to increase the unit benefit credit as follows: effective October 1, 2019, the amount increased to \$51 per month and effective October 1, 2020, increased to \$53 per month. On December 1, 2021, the Plan was amended to increase the unit benefit credit by \$0.50 each year effective October 1, 2021 to October 1, 2023. All of these increases are reflected in the September 30, 2021, 2020 and 2019 accumulated plan benefits calculations.

These 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.

Note 4. Risks and Uncertainties

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a “Public Health Emergency of International Concern” and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had, and are expected to continue to have, an adverse impact on the economies and financial markets of many countries, including the geographical area in which the Plan operates. It is still unknown how long these conditions will last and what the effect will be to the Plan. The full extent to which the pandemic will impact the Plan will depend upon future developments which are highly uncertain and cannot be predicted. Accordingly, management cannot presently estimate the overall operational and financial impact to the Plan.

Plan contributions are made, and 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The Plan invests in an unallocated deposit administration insurance contract with Columbian Mutual Insurance Company and the contract is therefore subject to counterparty solvency risk. At September 30, 2021 and 2020, respectively, the Plan held approximately 49% and 54% of net assets in the unallocated deposit administration insurance contract.

The Plan's investment securities are subject to various risks, such as interest rate and credit risk. Due to risks associated with certain investment securities, values of investment securities could change, affecting the amounts reported in the accompanying financial statements.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan

Notes to Financial Statements

Note 5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated July 2, 2012, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code (the Code), and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Plan management evaluated all of the Plan's tax positions for all open tax years and has concluded that the Plan has taken no uncertain tax positions that require adjustment to the financial statements.

Note 6. Related-Party and Party-in-Interest Transactions

As disclosed in Notes 1 and 3, the Plan has several arrangements with JIB and service providers related to plan operations during normal operations. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | September 30 | |
|----------------------------------------------------------------|----------------------|----------------------|
| | 2021 | 2020 |
| Net assets available for benefits per the financial statements | \$ 25,065,894 | \$ 21,443,289 |
| Add contributions receivable | 1,225,229 | 1,502,751 |
| Net assets per the Form 5500 | <u>\$ 26,291,123</u> | <u>\$ 22,946,040</u> |

The following is a reconciliation of employer contributions per the financial statements to the Form 5500:

| | Year Ended September 30 2021 |
|----------------------------------------------------------------|------------------------------------|
| Employer contributions as reported on the financial statements | \$ 1,876,038 |
| Add contributions receivable at September 30, 2021 | 1,225,229 |
| Less contributions receivable at September 30, 2020 | (1,502,751) |
| Employer contributions per the Form 5500 | <u>\$ 1,598,516</u> |

After September 30, 2021 and 2020, JIB determined that they would fund additional employer contributions into the Plan. Under U.S. GAAP, these contributions are recorded as contributions for the subsequent period. These contributions qualify as contributions for funding and Form 5500 purposes as contributions related to the September 30, 2021 and 2020, year ends.

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan
EIN #13-0891035
Plan #005

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
September 30, 2021

| Identity of Issue and Description of Investment | Cost | Current Value |
|--------------------------------------------------------------------|----------------------|----------------------|
| Columbian Mutual Life Insurance Unallocated Deposit Administration | | |
| Insurance Contract | \$ 12,254,113 | \$ 12,254,113 |
| IBEW NECA Equity Index Fund | 6,612,769 | 12,811,781 |
| Total investments | \$ 18,866,882 | \$ 25,065,894 |

Joint Industry Board of the Electrical Industry Employees' Retirement Income Plan
EIN #13-0891035
Plan #005

Schedule H, Line 4(j)—Schedule of Reportable Transactions
Year Ended September 30, 2021

| Identity of Party Involved and Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Current Gain or (Loss) |
|---------------------------------------------------------------------------------------|----------------|---------------|---------------|--------------------------------------------|----------------------------|
| Series Transactions: | | | | | |
| Columbian Mutual Life Insurance Unallocated Deposit Administration Insurance Contract | \$ 2,343,120 | \$ - | \$ 2,343,120 | \$ 2,343,120 | \$ - |
| Columbian Mutual Life Insurance Unallocated Deposit Administration Insurance Contract | - | 1,673,272 | 1,673,272 | - | 1,673,272 |

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

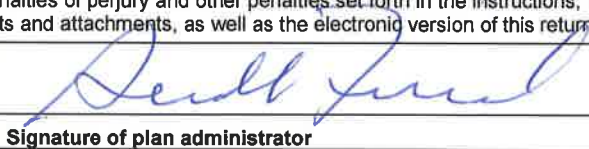
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a Name of plan JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN | 1b Three-digit plan number (PN) ▶ 005 |
| | 1c Effective date of plan 10/01/1979 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING NY 11365 | 2b Employer Identification Number (EIN) 13-0891035 2c Plan Sponsor's telephone number (718) 591-2000 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 |  | <u>6/29/22</u> | GERALD FINKEL |
| | 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 |

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

Form 5500 (2020)
v. 200204

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 332 |
| 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) 268 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 258 |
| b Retired or separated participants receiving benefits..... | 6b 2 |
| c Other retired or separated participants entitled to future benefits | 6c 64 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 324 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e 3 |
| f Total. Add lines 6d and 6e | 6f 327 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |

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

1B 3D

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

Attachment to 2020 Form 5500
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan Name: Joint Industry Board of the Electrical Industry **EIN:** 13-0891035
 Employees Retirement Income Plan

Plan Sponsor's Name: Joint Industry Board of the Electrical Industry **PN:** 005

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.

Attachment to 2020 Form 5500
Schedule H, Line 4j – Schedule of Reportable Transactions

Plan Name: Joint Industry Board of the Electrical Industry **EIN:** 13-0891035
 Employees Retirement Income Plan

Plan Sponsor's Name: Joint Industry Board of the Electrical Industry **PN:** 005

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.

Section 5: Data

B. Participants in active service by age and years of service as of October 1, 2020

| Age | Total | Years of Service | | | | | | | | |
|--------------|-------|------------------|-----|-------|---------|---------|---------|---------|---------|-----------|
| | | 1-4 | 5-9 | 10-14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & Over |
| 25 - 29 | 7 | 7 | -- | -- | -- | -- | -- | -- | -- | -- |
| 30 - 34 | 17 | 9 | 7 | -- | 1 | -- | -- | -- | -- | -- |
| 35 - 39 | 34 | 14 | 4 | 7 | 9 | -- | -- | -- | -- | -- |
| 40 - 44 | 27 | 8 | 7 | 4 | 6 | 1 | 1 | -- | -- | -- |
| 45 - 49 | 36 | 10 | 7 | 6 | 6 | 7 | -- | -- | -- | -- |
| 50 - 54 | 30 | 9 | 4 | 3 | 4 | 3 | 4 | 3 | -- | -- |
| 55 - 59 | 47 | 8 | 6 | 2 | 7 | 9 | 6 | 5 | 4 | -- |
| 60 - 64 | 36 | 5 | 4 | 3 | 5 | 3 | 8 | 4 | 3 | 1 |
| 65 - 69 | 18 | -- | 1 | 2 | 8 | 2 | 1 | 2 | 1 | 1 |
| 70 & Over | 16 | 1 | -- | 2 | 1 | 2 | 2 | 4 | 1 | 3 |
| Total | 268 | 71 | 40 | 29 | 47 | 27 | 22 | 18 | 9 | 5 |

Plan Provisions and Actuarial Assumptions

A. Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

| Plan Status | ONGOING |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | <ul style="list-style-type: none"> • <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> None • <i>Amount:</i> \$53 for each year of service |
| Early Retirement | <ul style="list-style-type: none"> • <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 10 years of service • <i>Amount:</i> Normal pension accrued reduced by 1/15 for each of the first five years and 1/30 for each of the next five years under 65, prorated by completed number of months |
| Delayed Retirement | <ul style="list-style-type: none"> • <i>Amount:</i> Greater of additional accruals to actual retirement date or actuarial equivalent of normal retirement benefit |
| Disability | <ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 years of vesting service • <i>Amount:</i> Normal pension accrued |
| Unreduced Pension | <ul style="list-style-type: none"> • <i>Age Requirement:</i> 62, if participant has attained 15th anniversary of the date first performed an hour of service or 60, if participant has attained 20th anniversary of the date first performed an hour of service • <i>Amount:</i> Normal pension accrued |
| Vesting | <ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> Normal or Early pension accrued based on plan in effect when last active. • <i>Normal Retirement Age:</i> 65, vested upon attainment of age 65 |
| Pre-Retirement Death Benefits | <ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 50% of benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the beneficiary's benefit is calculated as of the date employee would have first been eligible to retire under the Plan, and the benefit is payable immediately. |

Section 6: Plan Provisions and Actuarial Assumptions

| | |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Post-Retirement Death Benefits | <ul style="list-style-type: none"> <i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee or in any other available optional form elected by the employee in an actuarially equivalent amount. |
| Participation | <ul style="list-style-type: none"> <i>Participation:</i> October 1 or April 1 after completing 1,000 hours during a plan year <i>Benefit Credit:</i> one year of service after employee works 1,000 hours during a plan year. Years are counted from employee's anniversary date <i>Vesting Credit:</i> One year of vesting service after employee works 1,000 hours during a plan year. |
| Forms of Benefit | <ul style="list-style-type: none"> <i>Normal Form:</i> Life annuity <i>Optional Forms:</i> 50%, 66 2/3%, 75%, or 100% joint and survivor, 5 year, 10 year, 15 year, or 20 year certain and life <i>Actuarial Equivalence:</i> 1984 UP Mortality Table for participants and joint annuitants, 6.5% interest. |

| Recent Plan Amendments | Plan Amendment | Effective Date | Reflected in 2020 Actuarial Valuation |
|------------------------|----------------------------------|----------------|---------------------------------------|
| | 1. \$43 for each year of service | 10/01/2015 | Yes |
| | 2. \$45 for each year of service | 10/01/2016 | Yes |
| | 3. \$47 for each year of service | 10/01/2017 | Yes |
| | 4. \$49 for each year of service | 10/01/2018 | Yes |
| | 5. \$51 for each year of service | 10/01/2019 | Yes |
| | 6. \$53 for each year of service | 10/01/2020 | Yes |

Section 6: Plan Provisions and Actuarial Assumptions

| Sample Termination Rates | Age | Rate(%) |
|-----------------------------|-----|---------|
| | 20 | 5.44 |
| | 25 | 5.29 |
| | 30 | 5.07 |
| | 35 | 4.70 |
| | 40 | 3.50 |
| | 45 | 1.77 |
| | 50 | 0.40 |
| | 55 | -- |
| | 60 | -- |

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment. Rates used by the prior actuary were taken into consideration and used for this valuation.

| Retirement (From Active and Inactive Status) Rates | Age | Rates (%)* |
|-------------------------------------------------------------|-------------|------------|
| | 55 – 60 | 1 |
| | 61 – 64 | 10 |
| | 65 | 15 |
| | 66 – 69 | 10 |
| | 70 – 74 | 20 |
| | 75 and over | 100 |

* If eligible

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

| | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Weighted Average Retirement Age | Age 68, determined as follows: The individual weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements. The overall weighted average retirement age is the average of the individual weighted average retirement ages based on all the active participants included in the October 1, 2020 actuarial valuation. |
| Age Difference | Male spouses are assumed to be three years older than female spouses. |
| Administrative Expenses | None |

Section 6: Plan Provisions and Actuarial Assumptions

| | | | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Asset Method | Assets are valued at market value. | | | |
| Funding Method | Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates. | | | |
| Non-Prescribed Assumption Changes Since Prior Valuation | Assumption Type | Current Assumption | Prior Assumption | Reason for Change |
| | Benefit election | 75% of participants assumed to elect the life annuity, 25% assumed to elect the 50% joint and survivor option | 50% of participants assumed to elect the life annuity, 50% assumed to elect the 50% joint and survivor option | |
| | Retirement rates from active and inactive status | 1% for ages 55 through 60 (if eligible), 10% for ages 61 through 64 (if eligible), 15% at age 65, 10% for ages 66 through 69, 20% for ages 70 through 74, and 100% at age 75 and older | 2% for ages 55 through 60 (if eligible), 10% for ages 61 through 64 (if eligible), 25% at age 65, 10% for ages 66 through 69, and 100% at age 70 and older | To better reflect past experience and future expectations |

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit 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. | <small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

► **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 JOINT IND BD OF THE ELEC IND EMPLOYEES' RETIREMENT INCOME PLAN | B Three-digit plan number (PN) ► | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY | D Employer Identification Number (EIN) 13-0891035 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| Part I | Basic Information | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|---------|---------|--------------------------------------------|----|-----------|-----------|---------------------------------|-----|------------|------------|---------------|-----|------------|------------|
| 1 | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2020</u> | | | | | | | | | | | | | | | | | | | | |
| 2 | Assets: | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">22,921,855</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">22,921,855</td> </tr> </table> | a Market value..... | 2a | 22,921,855 | b Actuarial value..... | 2b | 22,921,855 | | | | | | | | | | | | | | |
| a Market value..... | 2a | 22,921,855 | | | | | | | | | | | | | | | | | | | |
| b Actuarial value..... | 2b | 22,921,855 | | | | | | | | | | | | | | | | | | | |
| 3 | Funding target/participant count breakdown | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%;"> <tr> <th style="width: 55%;"></th> <th style="width: 15%; text-align: center;">(1) Number of participants</th> <th style="width: 20%; text-align: center;">(2) Vested Funding Target</th> <th style="width: 10%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">4</td> <td style="text-align: right;">268,866</td> <td style="text-align: right;">268,866</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">60</td> <td style="text-align: right;">1,374,869</td> <td style="text-align: right;">1,374,869</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">268</td> <td style="text-align: right;">14,843,794</td> <td style="text-align: right;">15,313,313</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">332</td> <td style="text-align: right;">16,487,529</td> <td style="text-align: right;">16,957,048</td> </tr> </table> | | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target | a For retired participants and beneficiaries receiving payment..... | 4 | 268,866 | 268,866 | b For terminated vested participants | 60 | 1,374,869 | 1,374,869 | c For active participants | 268 | 14,843,794 | 15,313,313 | d Total | 332 | 16,487,529 | 16,957,048 |
| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target | | | | | | | | | | | | | | | | | | |
| a For retired participants and beneficiaries receiving payment..... | 4 | 268,866 | 268,866 | | | | | | | | | | | | | | | | | | |
| b For terminated vested participants | 60 | 1,374,869 | 1,374,869 | | | | | | | | | | | | | | | | | | |
| c For active participants | 268 | 14,843,794 | 15,313,313 | | | | | | | | | | | | | | | | | | |
| d Total | 332 | 16,487,529 | 16,957,048 | | | | | | | | | | | | | | | | | | |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table> | a Funding target disregarding prescribed at-risk assumptions | 4a | | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | | | | | | | | | | | | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | | | | | | | | | | | | | | | | | | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | | | | | | | | | | | | | | | | | | | |
| 5 | Effective interest rate..... 5 5.58% | | | | | | | | | | | | | | | | | | | | |
| 6 | Target normal cost..... 6 764,663 | | | | | | | | | | | | | | | | | | | | |

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 | FRANK SANTASIERO FS Signature of actuary FRANK SANTASIERO, FSA, FCA, EA, MAAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm | 04/28/2022 Date 2006798 Most recent enrollment number 212-251-5000 Telephone number (including area code) |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule SB (Form 5500) 2020 v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>8.88</u> % | 0 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 1,398,701 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.71</u> % | | 79,866 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 1,478,567 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 | Funding target attainment percentage..... | 14 | 135.17% |
| 15 | Adjusted funding target attainment percentage..... | 15 | 130.43% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 124.09% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... | 17 | % |

Part IV Contributions and Liquidity Shortfalls

18 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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/08/2021 | 373,287 | 0 | | | |
| 10/21/2021 | 375,000 | 0 | | | |
| 01/21/2022 | 424,258 | 0 | | | |
| 04/22/2022 | 425,971 | | | | |
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| | | | Totals ► | 18(b) | 1,598,516 |
| | | | | | 18(c) |
| | | | | | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date..... | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c | 1,498,836 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 3.64 % | 2nd segment: 5.21 % | 3rd segment: 5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 68 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | | |

Part VI Miscellaneous Items

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6) | 31a | 764,663 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 764,663 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 1,498,836 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 1,498,836 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

| | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 41 If an election was made to use PRA 2010 funding relief for this plan: | |
| a Schedule elected | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years |
| b Eligible plan year(s) for which the election in line 41a was made | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |