

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>06/01/2021</u> and ending <u>05/31/2022</u>	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>NECA-IBEW LOCAL 176 PENSION TRUST FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1976</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1976</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1976</u>					
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) <u>TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND</u> <u>1100 N E FRONTAGE ROAD</u> <u>JOLIET, IL 60431-2798</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2953263</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>815-729-2666</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2953263</u>	2c Plan Sponsor's telephone number <u>815-729-2666</u>	2d Business code (see instructions) <u>525100</u>	
2b Employer Identification Number (EIN) <u>36-2953263</u>					
2c Plan Sponsor's telephone number <u>815-729-2666</u>					
2d Business code (see instructions) <u>525100</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/06/2023	ANDY RICO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/07/2023	SHANE M ELLIOTT
	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 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	2673
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)	2673
a(2) Total number of active participants at the end of the plan year		6a(2)	2741
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2741
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	2741
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2741
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	408
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2E 2F 2H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan NECA-IBEW LOCAL 176 PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND	D Employer Identification Number (EIN) 36-2953263	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW TOWER TRUST COMPANY	
30-0872552	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GALLIARD CAPITAL MANAGEMENT	
41-1813702	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PNC BANK, NATIONAL ASSOCIATION	1 EAST PRATT ST, 5TH FLOOR EAST BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MERRILL LYNCH	1 BRYANT PARK NEW YORK, NY 10036

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

ABS INVESTMENT MANAGEMENT

537 STEAMBOAT ROAD
GREENWICH, CT 0683013-4205457

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

CHEVY CHASE TRUST

52-2037618

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

NUVEEN INVESTMENTS

333 W. WACKER DRIVE
CHICAGO, IL 60606

BLACKROCK400 HOWARD ST
SAN FRANCISCO, CA 94105

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

AMERICAN FUNDS

PO BOX 6007
INDIANAPOLIS, IN 46206-6007

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

VICTORY FUNDS

4249 EASTON WAY, STE 400
COLUMBUS, OH 43219

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

MASSACHUSETTS FINANCIAL SERVICES CO

PO BOX 55824
BOSTON, MA 02205-5824

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

DODGE & COX FUNDS

PO BOX 8422
BOSTON, MA 02266-8422

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

PRIMECAP ODYSSEY FUNDS

PO BOX 701
MILWAUKEE, WI 53201-0701**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP

PO BOX 1110
VALLEY FORGE, PA 19482-1110**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WELLS FARGO BANK

420 MONTGOMERY ST
SAN FRANCISCO, CA 94104**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARTFORD FUNDS

P.O. BOX 219060
KANSAS CITY, MO 64121**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P. MORGAN INVESTMENT MANAGEMENT I

P.O. BOX 219143
KANSAS CITY, MO 64121**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO TRUST COMPANY

46-3793325

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

BAIRD FUNDS INC.

615 E. MICHIGAN AVE., THIRD FLOOR
MILWAUKEE, WI 53202

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

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

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

DEARBORN PARTNERS, LLC

200 W MADISON ST, STE 1950
CHICAGO, IL 60606

(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?
51	NONE	237321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	190200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	185478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARNOLD & KADJAN

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	169238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RHUMBLINE ADVISORS

04-3118582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	78281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES, INC.

84-3937993

(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?
51	NONE	71824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BMO HARRIS BANK

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	67287	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	64143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS, LLC

80-0292839

(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?
51	NONE	63680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17	NONE	62000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG TRAURIG LLP

13-3613083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL RETIREMENT AND PERSONAL

1600 AMERICAN BLVD
PENNINGTON, NJ 08534

(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?
15 19	NONE	17198	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

RICHARD J WOLF & CO, INC

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

1 FEDERAL STREET
BOSTON, MA 02110

(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?
99	NONE	7344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT INSURANCE GROUP

12000 S.HARLEM AVENUE
PALOS HEIGHTS, IL 60463

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	5248	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNT INSURANCE GROUP	22	5248
(d) Enter name and EIN (address) of source of indirect compensation THE TRAVELERS COMPANIES, INC 485 LEXINGTON AVENUE NEW YORK, NY 10017	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS PAID ON FIDUCIARY INSURANCE COVERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan <u>NECA-IBEW LOCAL 176 PENSION TRUST FUND</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>36-2953263</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PNC BANK</u>			
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23081892</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>			
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST CO.</u>			
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20702702</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST CO.</u>			
c EIN-PN <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>94948666</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA STABLE VALUE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>			
c EIN-PN <u>93-6223188-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25170372</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST CO MEPT</u>			
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST CO.</u>			
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8227867</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INCOME FUND</u>			
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC</u>			
c EIN-PN <u>20-0005644-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37221857</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STABLE VALUE E FUND</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK</u>			
c EIN-PN <u>52-2250951-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114082894</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE VALUE K FUND**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK**c** EIN-PN 90-6153906-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20455527**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan NECA-IBEW LOCAL 176 PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND	D Employer Identification Number (EIN) 36-2953263	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	1252496	2865472
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3025678	2752939
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2481771	2819125
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2118828	1822452
(2) U.S. Government securities	1c(2)	12643637	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	18900456	84139
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	127926072	22337474
(5) Partnership/joint venture interests	1c(5)	12880	0
(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)	269363139	343891777
(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)	156914920	215272455
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	24512343	22951158

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	19042 21725
f	Total assets (add all amounts in lines 1a through 1e)	1f	619171262 614818716
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	237646 105641
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1848456 1233841
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	2086102 1339482
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	617085160 613479234

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	24262703
	(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)	24262703
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19857
	(B) U.S. Government securities	2b(1)(B)	272382
	(C) Corporate debt instruments	2b(1)(C)	547181
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	839420
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1834347
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7409069
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	9243416
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	169497533
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	131264572
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	38232961
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-46706435
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-46706435

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8874311
(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)		-16879838
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17866538
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	20142390	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		20142390
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)	280461	
(2) Contract administrator fees.....	2i(2)	190200	
(3) Investment advisory and management fees.....	2i(3)	764212	
(4) Other.....	2i(4)	95201	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1330074
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21472464
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-3605926
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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		234672412
4g	X		234672412
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan <u>NECA-IBEW LOCAL 176 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>36-2953263</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>24262703</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>24262703</u>	
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	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

**NECA-IBEW LOCAL 176
PENSION TRUST FUND**

FINANCIAL STATEMENTS

MAY 31, 2022





**NECA-IBEW LOCAL 176
PENSION TRUST FUND**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

YEARS ENDED MAY 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
NECA-IBEW Local 176
Pension Trust Fund
Joliet, Illinois

Opinion

We have audited the accompanying financial statements of the NECA-IBEW Local 176 Pension Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2022 and 2021 and changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of trustee-directed investments, self-directed investments and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of general and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Chicago, IL
November 22, 2022

NECA-IBEW LOCAL 176 PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2022 AND 2021

Assets	<u>2022</u>	<u>2021</u>
Investments, at fair value		
Trustee-directed investments	\$ 477,010,047	\$ 480,809,507
Self-directed investments	129,349,408	131,582,768
Total investments	<u>606,359,455</u>	<u>612,392,275</u>
Receivables		
Employer contributions	2,752,939	3,025,678
Accrued investment income	143,245	407,370
Due from affiliated funds - joint distribution account	2,626,501	1,795,873
Prepaid withholding	49,379	278,528
Total receivables	<u>5,572,064</u>	<u>5,507,449</u>
Property and equipment		
Furniture and equipment	16,220	16,220
Less: accumulated depreciation	<u>(16,220)</u>	<u>(16,220)</u>
Net property and equipment	<u>-</u>	<u>-</u>
Unexpired insurance	<u>21,725</u>	<u>19,042</u>
Cash	<u>2,865,472</u>	<u>1,252,496</u>
Total assets	<u>614,818,716</u>	<u>619,171,262</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	105,641	237,646
Reciprocal transfers payable	<u>1,233,841</u>	<u>1,848,456</u>
Total liabilities	<u>1,339,482</u>	<u>2,086,102</u>
Net assets available for benefits	<u>\$ 613,479,234</u>	<u>\$ 617,085,160</u>

See accompanying notes to financial statements.

**NECA-IBEW LOCAL 176
PENSION TRUST FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2022 AND 2021

	2022	2021
Additions to net assets attributed to		
Investment earnings		
Earnings on self-directed investments		
Interest and dividend income	\$ 5,697,848	\$ 4,643,757
Net appreciation (depreciation) in fair value of invest	(11,259,337)	32,569,658
Earnings on trustee-directed investments		
Interest and dividend income	4,384,988	3,920,497
Net appreciation (depreciation) in fair value of invest	(5,219,664)	73,856,183
Investment management expense	(764,212)	(726,502)
Net investment earnings	<u>(7,160,377)</u>	<u>114,263,593</u>
Contribution income		
Employer	33,381,633	29,791,807
Less: reciprocity out	(9,118,930)	(7,268,598)
Net contribution income	<u>24,262,703</u>	<u>22,523,209</u>
Other income	<u>-</u>	<u>25</u>
Total additions	<u>17,102,326</u>	<u>136,786,827</u>
Deductions to net assets attributed to		
Benefit payments	20,142,390	35,909,182
General and administrative expenses	<u>565,862</u>	<u>527,232</u>
Total deductions	<u>20,708,252</u>	<u>36,436,414</u>
Net increase (decrease)	(3,605,926)	100,350,413
Net assets available for benefits		
Beginning of year	<u>617,085,160</u>	<u>516,734,747</u>
End of year	<u>\$ 613,479,234</u>	<u>\$ 617,085,160</u>



NECA-IBEW LOCAL 176 PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the NECA-IBEW Local 176 Pension Trust Fund (the Plan) provides general information only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan administered by the Board of Trustees (the Trustees) and the International Brotherhood of Electrical Workers (IBEW) Local 176 Pension Trust Fund under the terms of an agreement between the IBEW Local 176 and the Eastern Illinois Chapter of the National Electrical Contractors Association, Inc. (NECA). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

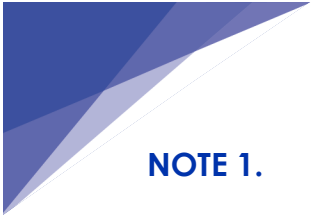
Contributions - Contributions to the Plan are made in accordance with the provisions of the collective bargaining agreement between the employers and the IBEW. The revenue of the Plan is dependent on the continued activity of the employers of the Plan.

Contribution rates in effect during the audit period are as follows:

Inside and Service and Maintenance Agreement	- Effective June 1, 2021	- \$ 12.15
	Effective June 1, 2020	- \$ 11.65
Residential Agreement	- Effective June 1, 2021	- \$ 7.90
	Effective June 1, 2020	- \$ 7.90
V.D.V. Agreement	- Effective June 1, 2021	- \$ 8.21
	Effective June 1, 2020	- \$ 7.81
Sign Agreement	- Effective June 1, 2021	- \$ 4.50
	Effective June 1, 2020	- \$ 4.50

In addition to pension contributions, contributions from the NECA-IBEW Local 176 Supplemental Unemployment Benefit (SUB) Fund (a related party) are directed to the Plan when individual SUB Fund participant balances exceed \$6,000.

For the years ended May 31, 2022 and 2021, there were \$5,963,611 and \$5,242,931, respectively, in employer contributions directed to the Plan for excess SUB Fund balances.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Total contributions earned by the Plan, including the excess SUB Fund transfers noted above, were \$24,262,703 and \$22,523,209 for the years ended May 31, 2022 and 2021, respectively. Of these contributions, \$7,050,764 and \$5,308,696 were allocated to self-directed investment accounts for the years ended May 31, 2022 and 2021, respectively.

Participant Accounts - Each participant's account is credited with the employer's contributions made on behalf of the participant and the net investment income (loss) (as defined under the Plan), less administrative expenses incurred by the Plan. The benefit to which the participant is entitled is the benefit that can be provided from the participant's account.

Effective March 1, 2005, the Plan was converted from a "money purchase" plan to a "profit sharing" plan. As a result, contributions and investment income for work performed on and after March 1, 2005 will be made part of new "profit sharing" accounts while contributions and investment income for work performed prior to March 1, 2005 will remain part of the current "money purchase" accounts. The "money purchase" accounts will preserve all required features of a "money purchase" plan, including the inability to receive an "in service" hardship distribution, while the new "profit sharing" account will not be subject to these features and will permit an "in service hardship distribution" to be made in certain cases.

Participants can transfer annually up to 90% of their prior year contributions made to the non self-directed account into their self-directed account.

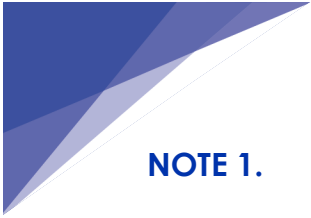
Earnings are credited to participant accounts based on the performance of the funds selected.

Participants have the option of contributing up to 83% of their current contributions into self-directed accounts. The remaining contributions are credited to a profit-sharing account, which is invested by investment advisors selected by the Trustees. The investment advisors shall have investment authority over the non self-directed assets of the Plan in accordance with the written and approved investment guidelines of the Plan.

Vesting - Participants are immediately vested and shall have a non-forfeitable interest in their account at all times.

Payment of Benefits - Upon termination of service, participants may receive a lump-sum distribution equal to the value in their accounts.

The non self-directed accounts (money purchases and profit sharing) are valued semi-annually at May 31st and November 30th. Distributions shall include interest for the period in which the distribution is made.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

An “in service hardship distribution” will be permitted if certain requirements are met. The “in service hardship distribution” can only be made (1) from “profit sharing” accounts (for work performed on or after March 1, 2005), (2) from only the employer contributions, and not the investment income, in the “profit sharing” accounts and (3) only in amounts which will leave at least a cumulative total, after the distributions, of \$500 in all “profit sharing” accounts.

The value of the participant's trustee-directed accounts (money purchase and profit sharing) shall include a share of the net investment yield determined as of the valuation date immediately succeeding the date of payment. The net investment yield determined as of the succeeding valuation date shall be applied to the participant's non self-directed investment accounts by multiplying the net investment yield at the succeeding valuation date by the number of days the participant was in the Plan divided by the number of days during the valuation period.

For full lump-sum distributions, the Plan holds back 20% of the balance to allow the Plan to assess losses to withdrawing participants in the event there is a loss at the succeeding valuation date. The Plan will distribute the balance of the hold back plus or (minus) the participant's allocated gain or (loss) as described in the preceding paragraph after the next valuation date.

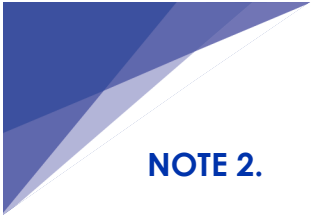
Participants may make incremental distributions from their accounts up to four times per year on March 1, June 1, September 1 or December 1 and the distributions can be withdrawn from the accounts of their choice in any multiple of \$5,000 provided that at least 10% of the participant's accumulated balance remains in the Plan.

During the year ended May 31, 2021, the Plan did allow for participants to utilize aid from the Coronavirus Aid, Relief, and Economic Security Act (the Cares Act). This act provided for Coronavirus-related distributions for participants that showed proof of need and included changes to the required minimum distribution administration.

Plan Amendments - Effective July 1, 2022, participants will direct the investment of all assets in both the “money purchase” and “profit sharing” accounts. The accounts will be valued daily so the hold back on lump-sum distributions has been eliminated. As a result of the elimination of the trustee-directed accounts, the number of participant individual accounts has been reduced from up to four accounts to two accounts.

Effective September 1, 2022, incremental distributions may be made in multiples of \$1,000 and are available in any month. In addition, the Plan has eliminated the requirement that 10% of a participant's balance remain in the Plan following the incremental distribution.

For more information on amendments adopted, participants should refer to the Plan document.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements. Cash and cash equivalents held by the custodian represents assets held for investment purposes and are reported as investments.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought, sold, and held during the year.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

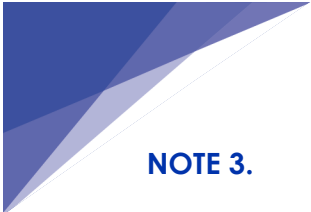
Reciprocity - The Trustees have entered into reciprocity agreements with other pension funds. Contributions for participants in these funds are transferred to the participant's home fund.

Property and Equipment - Property and equipment is carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives of five to ten years for furniture and equipment on the straight-line method. There was no depreciation expense for the years ended May 31, 2022 and 2021.

Contributions Receivable - Contributions receivable represents amounts received in June for work performed through May 31, therefore no allowance for doubtful accounts is provided. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when received.

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

Administrative Expenses - The Plan's expenses are paid by the Plan as provided by the Plan document. Certain investment related expenses are included in trustee and self-directed earnings presented in the accompanying statements of changes in net assets available for benefits.



NOTE 3. INVESTMENTS

The Plan's investments are held in various bank-administered trust funds. Investments at fair value by general asset type at May 31, 2022 and 2021 are as follows:

Inside and Service and Maintenance Agreement	- Effective June 1, 2021	- \$ 12.15
	Effective June 1, 2020	- \$ 11.65
Residential Agreement	- Effective June 1, 2021	- \$ 7.90
	Effective June 1, 2020	- \$ 7.90
V.D.V. Agreement	- Effective June 1, 2021	- \$ 8.21
	Effective June 1, 2020	- \$ 7.81
Sign Agreement	- Effective June 1, 2021	- \$ 4.50
	Effective June 1, 2020	- \$ 4.50

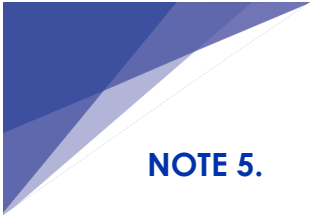
NOTE 4. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated October 19, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for plan years prior to 2019.

NOTE 5. RISKS AND UNCERTAINTIES

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



NOTE 5. RISKS AND UNCERTAINTIES (CONTINUED)

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's participants, employers, and vendors, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, distribution of Plan assets will be made to the participants after all expenses incurred by the Plan are paid.

NOTE 7. DUE FROM AFFILIATED FUNDS AND OTHER LIABILITIES AND RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

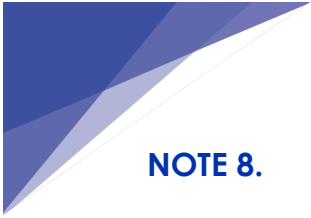
Contributions from participating employers of the NECA-IBEW Local 176 Pension Trust Fund and affiliated funds are deposited and distributed through a joint distribution bank account held by the NECA-IBEW Local 176 Health and Welfare Fund (a related party). The amount due from the joint distribution account for employer contributions at May 31, 2022 and 2021, is \$2,626,501 and \$1,795,873, respectively. The funds were received from the Welfare Fund subsequent to year end.

The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.



NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2022 and 2021.

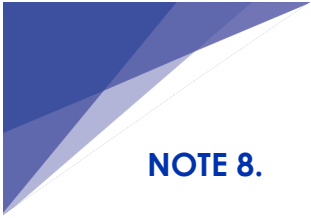
Cash and cash equivalents: Investments in money market funds and other short-term investments are valued at cost, which approximates market value.

Common stocks, U.S. Government and agency securities: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate bonds and notes: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Investment in foreign exempted entity (ABS Alpha Global Equity Portfolio): Value is determined at the net asset value of the shares held by the Plan at year end. Underlying investments are stated at fair value as determined by the custodian.

Common collective trust (AFL-CIO Building Investment Trust): Value is based on the net asset value of the units held by the Plan at year end as reported by the trust's custodian. The majority of the underlying investments of the AFL-CIO Building Investment Trust are valued at estimated fair value as determined by available market data or by



NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

using discounted cash flow methodology. All valuations of real estate involve subjective judgments, as the actual market price of real estate can be determined only by negotiations between independent parties in sales transactions.

Common collective trust (ASB Allegiance Real Estate Fund): Value is determined at the net asset value of the shares held by the Plan at year end. Underlying real estate investments are stated at fair value as determined by the Trustee quarterly. Independent appraisals of the real estate are obtained at least twice annually as a basis for the Trustee's valuation. All valuations of real estate involve subjective judgments, as the actual market price of real estate can be determined only by negotiations between independent parties in sales transactions.

Common collective trust (IBEW-NECA Equity Index Fund): Values are based on the net asset value of the units held by the Plan at year end, as reported by the trust's custodian. The underlying investments of these trusts consist of marketable securities that are valued based on quoted market prices or yields currently available on comparable securities.

Common collective trust (Multi-Employer Property Trust): Value is determined at the net asset value of the shares held by the Plan at year end. Underlying real estate investments are stated at fair value as determined by the Trustee quarterly. Independent appraisals of the real estate are obtained annually as a basis for the Trustee's valuation.

Common collective trust (NIS Core Fixed Income Fund): Value is based on the net asset value of the units held by the Plan at year end, as reported by the Fund's custodian. The underlying investments of this Fund consist primarily of debt securities that are based on valuations published by the independent pricing service, which uses various valuation methodologies such as matrix pricing and other analytical pricing models which take into consideration such factors as market transactions, dealer quotations, coupon, maturity, quality, type of issue, trading characteristics and other yield and risk factors it deems relevant in determining valuations.

Stable value common collective trusts (IBEW-NECA Stable Value Fund and Wells Fargo Stable Value Funds E and K): Stable value funds are composed primarily of fully benefit-responsive investment contracts and security-backed contracts. Investment and security-backed contracts are carried at contract value, which is equal to principal balance plus accrued interest plus deposits and less withdrawals. The Plan is given units in the stable value fund (net asset value) and is used as a practical expedient to estimate fair value.

Mutual funds: Mutual funds are valued based on the closing price reported in the active market in which the funds are traded.

Exchange traded funds: Exchange traded funds are valued based on the closing price reported in the active market in which the funds are traded.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2022 and 2021:

Description	Assets at Fair Value as of May 31, 2022			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,822,452	\$ 1,822,452	\$ -	\$ -
Common stocks	22,337,474	22,337,474	-	-
Corporate bonds and notes	84,139	-	84,139	-
Mutual funds	106,378,574	106,378,574	-	-
Self-directed investments - mutual funds	108,893,881	108,893,881	-	-
Total assets in the fair value hierarchy	239,516,520	\$ 239,432,381	\$ 84,139	\$ -
Investments measured at NAV *	366,842,935			
Investments at fair value	<u>\$ 606,359,455</u>			

Description	Assets at Fair Value as of May 31, 2021			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 2,118,828	\$ 2,118,828	\$ -	\$ -
Common stocks	127,938,952	127,938,952	-	-
Corporate bonds and notes	18,900,456	-	18,900,456	-
U.S. Government and agency obligations	12,643,637	12,643,637	-	-
Exchange traded funds	378,905	378,905	-	-
Mutual funds	41,803,822	41,803,822	-	-
Self-directed investments - mutual funds	114,732,193	114,732,193	-	-
Total assets in the fair value hierarchy	318,516,793	\$ 299,616,337	\$ 18,900,456	\$ -
Investments measured at NAV *	293,875,482			
Investments at fair value	<u>\$ 612,392,275</u>			

* In accordance with Accounting Standards Codification, investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 9. INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE PRACTICAL EXPEDIENT

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

NOTE 9. INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE PRACTICAL EXPEDIENT (CONTINUED)

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

The following tables summarize the Plan's investments for which fair value is measured using the NAV per share practical expedient as of May 31, 2022 and 2021. There are no practical redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

May 31, 2022	Fair Value	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
a. Common collective trusts	\$ 343,891,777	See Below	See Below	None
b. Investment in foreign exempted entity	<u>22,951,158</u>	Quarterly	45 days	None
	<u>\$ 366,842,935</u>			
May 31, 2021	Fair Value	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
a. Common collective trusts	\$ 269,363,139	See Below	See Below	None
b. Investment in foreign exempted entity	<u>24,512,343</u>	Quarterly	45 days	None
	<u>\$ 293,875,482</u>			

The following summarizes the investment strategy for each of the Plan's investments in the tables above which do not report as a direct filing entity (DFE) to the Department of Labor:

- a. All report as DFEs. The Plan's investment in the AFL-CIO BIT can be redeemed quarterly with one year notice. The Plan's investment in ASB Allegiance Real Estate Fund can be redeemed on a pro-rata basis at the discretion of the general partner. The Plan's investment in the IBEW-NECA Equity Index Fund can be redeemed daily with one day notice. The Plan's investment in the Multi-Employer Property Trust can be redeemed quarterly with one year notice. The Plan's investment in NIS Core Fixed Income Fund can be redeemed monthly with three days' notice. The Plan's investment in IBEW-NECA Stable Value Fund can be redeemed daily with one day notice. The Plan's investment in the Galliard Wells Fargo Stable Value Funds E and K can be redeemed daily with one year notice.

**NOTE 9. INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE
PRACTICAL EXPEDIENT (CONTINUED)**

- b. The Plan's investment in a foreign exempt entity consists of its investment in ABS Alpha Global Equity Portfolio. The objective of the Global Equity Portfolio is to generate global equity market returns while maintaining a moderate level of risk, as measured by the standard deviation of monthly returns. The assets of the Global Equity Portfolio are allocated to private investment entities that primarily utilize long/short trading strategies that target absolute returns through the use of a wide array of investment strategies throughout the global financial markets with an emphasis on developed markets. This investment can be redeemed quarterly with 45 days notice.

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through November 22, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



**NECA-IBEW LOCAL 176
PENSION TRUST FUND**

SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED MAY 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Administration	\$ 190,200	\$ 190,206
Audit and accounting fees	64,143	55,914
Bank fees	18,857	9,607
Compliance audits	14,600	22,457
Computer programming	2,480	2,400
Dues and subscriptions	1,100	1,140
Insurance - general	37,260	38,380
Legal fees	199,238	183,635
Postage	17,554	14,858
Printing and office expense	3,257	5,114
Seminars, conferences and meetings	9,829	-
Storage expense	<u>7,344</u>	<u>3,521</u>
Total	<u>\$ 565,862</u>	<u>\$ 527,232</u>

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF TRUSTEE-DIRECTED INVESTMENTS

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-295326:
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value					
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	Cash and cash equivalents						
	GS Fin Sq Gov #465	Cash and cash equivalent	N/A	N/A	1,822,452	\$ 1,822,452	\$ 1,822,452
	Common stocks						
	ABM Industries Inc Com	Common stock	N/A	N/A	6,044	311,933	292,227
	Air Lease Corp Cl A	Common stock	N/A	N/A	5,166	208,297	194,293
	Allete Inc Com New	Common stock	N/A	N/A	4,508	230,627	279,586
	Alpine Income Ppty Tr Inc Com	Common stock	N/A	N/A	18,506	326,165	350,689
	Apogee Enterprises Inc Com	Common stock	N/A	N/A	2,716	75,668	112,986
	Argan Inc Com	Common stock	N/A	N/A	6,143	273,973	245,659
	Atlantic Un Bankshares Corp Com	Common stock	N/A	N/A	8,486	249,113	299,216
	Atlantica Sustainable Infrastructure	Common stock	N/A	N/A	11,836	271,745	386,445
	Bank of NT Butterfield&son LTD Shs	Common stock	N/A	N/A	8,956	300,745	282,830
	Black Hills Corp Com	Common stock	N/A	N/A	4,494	262,070	344,510
	Brightsphere Invst Group Inc Com	Common stock	N/A	N/A	11,340	140,106	231,223
	Cactus Inc Cl A	Common stock	N/A	N/A	7,862	224,010	412,126
	Cadence Bk	Common stock	N/A	N/A	11,522	301,748	307,983
	Cambridge Bancorp Com	Common stock	N/A	N/A	3,320	286,539	277,220
	Caretrust REIT Inc Com	Common stock	N/A	N/A	16,862	229,248	312,453
	Championx Corporation Com	Common stock	N/A	N/A	11,716	265,079	272,631
	Chemed Corp New Com	Common stock	N/A	N/A	658	152,895	318,735
	City Office REIT Inc Com	Common stock	N/A	N/A	16,361	204,640	228,072
	Columbia Bkg Sys Inc Com	Common stock	N/A	N/A	8,308	272,067	250,486
	Culp Inc Com	Common stock	N/A	N/A	28,802	354,692	115,451
	Dolby Laboratories Inc Com	Common stock	N/A	N/A	2,633	119,757	204,373
	Embecka Corp Common Stock	Common stock	N/A	N/A	7,696	232,765	190,707
	Enact Hldgs Inc Com	Common stock	N/A	N/A	13,265	269,678	322,605
	Enpro Industries Inc Com	Common stock	N/A	N/A	2,752	276,277	263,532
	Ensign Group Inc Com	Common stock	N/A	N/A	5,684	96,069	461,370
	Esab Corporation Com	Common stock	N/A	N/A	5,358	260,954	267,900
	First Bancorp N C Com	Common stock	N/A	N/A	8,298	172,772	310,926
	First Fndtn Inc Com	Common stock	N/A	N/A	13,678	326,373	308,439
	Glacier Bancorp Inc New Com	Common stock	N/A	N/A	3,946	117,501	191,026
	Global Net Lease Inc Com New	Common stock	N/A	N/A	17,863	288,128	258,478
	Graftech Intl LTD Com	Common stock	N/A	N/A	26,377	317,693	228,952
	Griffon Corp Com	Common stock	N/A	N/A	16,194	409,023	519,342
	Heartland Express Inc Com	Common stock	N/A	N/A	8,492	120,179	121,266
	Hillenbrand Inc Com	Common stock	N/A	N/A	9,206	218,036	385,179
	Independent Bk Group Inc Com	Common stock	N/A	N/A	6,123	326,060	447,469
	International Seaways Inc Com	Common stock	N/A	N/A	15,063	285,123	363,470
	Jack In The Box Inc Com	Common stock	N/A	N/A	2,786	230,932	190,284
	James Riv Group LTD Com	Common stock	N/A	N/A	6,827	229,827	174,430
	Kaiser Alum Corp Com Par \$0.01	Common stock	N/A	N/A	2,897	259,142	295,986
	Kb Home Com	Common stock	N/A	N/A	9,174	260,481	316,411
	Kontoor Brands Inc Com	Common stock	N/A	N/A	8,690	243,517	348,208
	Marriott Vacations Wrldwde CP Com	Common stock	N/A	N/A	1,926	147,925	284,509
	Maxar Technologies Inc	Common stock	N/A	N/A	10,052	273,560	300,153
	Mercer Intl Inc Com	Common stock	N/A	N/A	21,996	208,539	324,881
	National Storage Affiliates Tr Com	Common stock	N/A	N/A	5,966	103,460	312,917
	Nextstar Media Group, Inc	Common stock	N/A	N/A	2,368	124,870	414,921
	Nu Skin Enterprises Inc Cl A	Common stock	N/A	N/A	6,732	369,744	314,048
	Oasis Petroleum Inc Com	Common stock	N/A	N/A	3,187	211,376	505,873
	Oceanfirst Finl Corp Com	Common stock	N/A	N/A	11,836	273,508	238,732
	Olin Corp Com Par \$1	Common stock	N/A	N/A	6,260	113,705	411,845
	Outfront Media Inc Com	Common stock	N/A	N/A	15,186	322,564	313,287
	Pacific Premier Bancorp Com	Common stock	N/A	N/A	9,380	185,231	305,413
	Penske Automotive Group Inc Com	Common stock	N/A	N/A	2,710	131,883	312,029
	Perrigo Co PLC Shs	Common stock	N/A	N/A	9,350	412,069	372,691
	Primo Water Corporation Com	Common stock	N/A	N/A	22,956	311,001	328,730
	Primoris Svcs Corp Com	Common stock	N/A	N/A	16,252	334,299	394,599
	Progress Software Corp Com	Common stock	N/A	N/A	7,140	335,846	344,933
	Provident Finl Svcs Inc Com	Common stock	N/A	N/A	10,036	185,186	230,728
	Regal Rexnord Corporation	Common stock	N/A	N/A	904	66,381	112,955
	Sabra Health Care REIT Inc Com	Common stock	N/A	N/A	22,636	431,906	317,809
	Silvercrest Asset Mgmt Group I Cl A	Common stock	N/A	N/A	10,991	153,972	229,052
	Solarwinds Corp Com	Common stock	N/A	N/A	1	21	12

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF TRUSTEE-DIRECTED INVESTMENTS (CONTINUED)

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-295326;
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value				(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value		
	South Jersey Industries Inc Com	Common stock	N/A	N/A	13,512	\$ 363,162	\$ 470,893
	South Plains Financial Inc Com	Common stock	N/A	N/A	9,833	233,417	243,072
	Southstate Corp	Common stock	N/A	N/A	4,073	333,090	329,180
	Spirit Aerosystems Hldgs Inc Cl A	Common stock	N/A	N/A	6,720	297,203	211,142
	Stag Indl Inc Com	Common stock	N/A	N/A	7,358	158,868	245,021
	Standard Mtr Prods Inc Com	Common stock	N/A	N/A	942	36,756	37,633
	Synovus Finl Corp Com New	Common stock	N/A	N/A	7,144	232,259	304,692
	Technipfmc LTD Com	Common stock	N/A	N/A	39,811	278,753	328,043
	Texas Pacific Land Corporation Com	Common stock	N/A	N/A	88	35,129	137,807
	The Aarons Company	Common stock	N/A	N/A	4,823	124,825	94,338
	Timberland Bankcorp Inc Com	Common stock	N/A	N/A	7,978	230,354	202,641
	Ttec Hldgs Inc Com	Common stock	N/A	N/A	3,636	232,650	245,212
	Victory Cap Hldgs Inc Com Cl A	Common stock	N/A	N/A	9,879	329,834	279,378
	Virtu Finl Inc Cl A	Common stock	N/A	N/A	11,510	265,751	300,756
	Vse Corp Com	Common stock	N/A	N/A	7,180	307,126	279,015
	Winnebago Industries Com	Common stock	N/A	N/A	5,010	148,488	247,745
	Wintrust Finl Corp Com	Common stock	N/A	N/A	3,726	198,142	325,615
	Total common stocks					<u>18,504,500</u>	<u>22,337,474</u>
Corporate bonds and notes							
	Wells Fargo Coml Mtg Tr	Corporate bonds and notes	11/15/49	2.399%	84,206	<u>86,729</u>	<u>84,139</u>
Mutual funds							
	Baird Aggregate Bond Fund Inst	Mutual funds	N/A	N/A	3,045,279	31,061,909	31,092,301
	Nuveen Floating Rate Income Fund Class R6	Mutual funds	N/A	N/A	1,555,162	30,994,412	28,428,356
	Vanguard S&P Midcap 400 Growth Index	Mutual funds	N/A	N/A	81,552	29,790,000	28,623,812
	Vanguard Total International Stock Index Fund	Mutual funds	N/A	N/A	149,570	17,492,370	18,234,105
	Total mutual funds					<u>109,338,691</u>	<u>106,378,574</u>
Investment in foreign exempted entity							
	ABS Alpha Global Equity	investment in foreign exempted entity	N/A	N/A	108,219	<u>13,000,000</u>	<u>22,951,158</u>
Common collective trusts							
	IBEW-NECA Equity Index Fund	Common collective trusts	N/A	N/A	1,081,335	5,687,410	94,948,666
	AFL-CIO Building Investment Trust	Common collective trusts	N/A	N/A	2,604	7,374,238	23,081,892
	IBEW-NECA Stable Value Trust	Common collective trusts	N/A	N/A	52,584	25,000,000	25,170,372
	ASB Allegiance Real Estate Fund	Common collective trusts	N/A	N/A	10,103	6,773,861	20,702,702
	Multi-Employer Property Trust	Common collective trusts	N/A	N/A	542	3,308,353	8,227,867
	NIS Core Fixed Income Fund	Common collective trusts	N/A	N/A	1,675	34,014,935	37,221,857
	Galliard Wells Fargo Stable Value	Common collective trusts	N/A	N/A	1,989,160	88,966,268	114,082,894
	Total common collective trusts					<u>171,125,065</u>	<u>323,436,250</u>
Total trustee-directed investments						<u>\$ 313,877,437</u>	<u>\$ 477,010,047</u>

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF SELF-DIRECTED INVESTMENTS

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-2953263
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value					
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	<u>Common collective trust</u>						
	Galliard Stable Return Fund K	Common collective trust	N/A	N/A	173,882	<u>\$ 19,418,351</u>	<u>\$ 20,455,527</u>
	<u>Mutual funds</u>						
	American Balanced Fund	Mutual fund	N/A	N/A	296,447	7,968,641	9,128,924
	American Bond Fund of America	Mutual fund	N/A	N/A	626,007	8,229,587	7,599,730
	American Europacific Growth Fund	Mutual fund	N/A	N/A	82,679	4,633,075	4,391,925
	American Growth Fund of America	Mutual fund	N/A	N/A	179,919	9,582,510	10,289,539
	Delaware Small Cap Core R6	Mutual fund	N/A	N/A	195,937	4,960,480	5,327,530
	Dodge & Cox Stock Fund	Mutual fund	N/A	N/A	175,035	29,286,500	41,502,489
	Hartford Schrodgers Intl Sdr	Mutual fund	N/A	N/A	279,865	2,671,035	2,787,455
	IShares S&P 500 Stock Fund	Mutual fund	N/A	N/A	29,191	8,467,889	14,223,395
	MFS Mid Cap Value R4	Mutual fund	N/A	N/A	84,801	2,154,163	2,555,898
	Primecap Odyssey Aggressive Growth	Mutual fund	N/A	N/A	211,082	9,024,563	8,675,465
	Victory Sycamore Small Company Opp I	Mutual fund	N/A	N/A	25,240	1,187,979	1,235,484
	JPM Smart Retirement Blend Incm	Mutual fund	N/A	N/A	1,936	36,331	33,376
	JPM Smart Retirement Blend 2045	Mutual fund	N/A	N/A	7,157	223,871	194,881
	JPM Smart Retirement Blend 2035	Mutual fund	N/A	N/A	30,106	873,051	760,489
	JPM Smart Retirement Blend 2030	Mutual fund	N/A	N/A	4,334	107,255	101,035
	JPM Smart Retirement Blend 2020	Mutual fund	N/A	N/A	2,939	60,555	56,568
	JPM Smart Retirement Blend 2055	Mutual fund	N/A	N/A	1,101	<u>32,535</u>	<u>29,698</u>
	Total mutual funds					<u>89,500,020</u>	<u>108,893,881</u>
	Total self-directed investments					<u>108,918,371</u>	<u>129,349,408</u>
	Total investments					<u>\$ 422,795,808</u>	<u>\$ 606,359,455</u>

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2022

Schedule H, Part IV, Line 4(j)

EIN #: 36-2953263
Plan No.: 001

(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Purchases						
BMO Government Money Market Premier	572	\$ 65,106,681	\$ -	\$ 65,106,681	\$ 65,106,681	\$ -
GS Fin Sq Gov #465	233	124,194,277	-	124,194,277	124,194,277	-
Vanguard S&P Midcap 400 Growth Index Fund	1	29,790,000	-	29,790,000	29,790,000	-
Dreyfus Cash Management Fd	3	49,000,165	-	49,000,165	49,000,165	-
NECA Equity Index Fund	3	49,000,165	-	49,000,165	49,000,165	-
Baird Aggregate Bond Fund Inst	2	31,061,909	-	31,061,909	31,061,909	-
Sales						
BMO Government Money Market Premier	112	-	65,267,447	65,267,447	65,267,447	-
GS Fin Sq Gov #465	43	-	124,329,887	124,329,887	124,329,887	-
Dreyfus Cash Management Fd	3	-	49,000,165	49,000,165	49,000,165	-
NECA Equity Index Fund	2	-	19,000,000	19,000,000	19,000,000	-

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF TRUSTEE-DIRECTED INVESTMENTS

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-295326:
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value				(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value		
	Cash and cash equivalents						
	GS Fin Sq Gov #465	Cash and cash equivalent	N/A	N/A	1,822,452	\$ 1,822,452	\$ 1,822,452
	Common stocks						
	ABM Industries Inc Com	Common stock	N/A	N/A	6,044	311,933	292,227
	Air Lease Corp Cl A	Common stock	N/A	N/A	5,166	208,297	194,293
	Allete Inc Com New	Common stock	N/A	N/A	4,508	230,627	279,586
	Alpine Income Ppty Tr Inc Com	Common stock	N/A	N/A	18,506	326,165	350,689
	Apogee Enterprises Inc Com	Common stock	N/A	N/A	2,716	75,668	112,986
	Argan Inc Com	Common stock	N/A	N/A	6,143	273,973	245,659
	Atlantic Un Bankshares Corp Com	Common stock	N/A	N/A	8,486	249,113	299,216
	Atlantica Sustainable Infrastructure	Common stock	N/A	N/A	11,836	271,745	386,445
	Bank of NT Butterfield&son LTD Shs	Common stock	N/A	N/A	8,956	300,745	282,830
	Black Hills Corp Com	Common stock	N/A	N/A	4,494	262,070	344,510
	Brightsphere Invst Group Inc Com	Common stock	N/A	N/A	11,340	140,106	231,223
	Cactus Inc Cl A	Common stock	N/A	N/A	7,862	224,010	412,126
	Cadence Bk	Common stock	N/A	N/A	11,522	301,748	307,983
	Cambridge Bancorp Com	Common stock	N/A	N/A	3,320	286,539	277,220
	Caretrust REIT Inc Com	Common stock	N/A	N/A	16,862	229,248	312,453
	Championx Corporation Com	Common stock	N/A	N/A	11,716	265,079	272,631
	Chemed Corp New Com	Common stock	N/A	N/A	658	152,895	318,735
	City Office REIT Inc Com	Common stock	N/A	N/A	16,361	204,640	228,072
	Columbia Bkg Sys Inc Com	Common stock	N/A	N/A	8,308	272,067	250,486
	Culp Inc Com	Common stock	N/A	N/A	28,802	354,692	115,451
	Dolby Laboratories Inc Com	Common stock	N/A	N/A	2,633	119,757	204,373
	Embecka Corp Common Stock	Common stock	N/A	N/A	7,696	232,765	190,707
	Enact Hldgs Inc Com	Common stock	N/A	N/A	13,265	269,678	322,605
	Enpro Industries Inc Com	Common stock	N/A	N/A	2,752	276,277	263,532
	Ensign Group Inc Com	Common stock	N/A	N/A	5,684	96,069	461,370
	Esab Corporation Com	Common stock	N/A	N/A	5,358	260,954	267,900
	First Bancorp N C Com	Common stock	N/A	N/A	8,298	172,772	310,926
	First Fndtn Inc Com	Common stock	N/A	N/A	13,678	326,373	308,439
	Glacier Bancorp Inc New Com	Common stock	N/A	N/A	3,946	117,501	191,026
	Global Net Lease Inc Com New	Common stock	N/A	N/A	17,863	288,128	258,478
	Graftech Intl LTD Com	Common stock	N/A	N/A	26,377	317,693	228,952
	Griffon Corp Com	Common stock	N/A	N/A	16,194	409,023	519,342
	Heartland Express Inc Com	Common stock	N/A	N/A	8,492	120,179	121,266
	Hillenbrand Inc Com	Common stock	N/A	N/A	9,206	218,036	385,179
	Independent Bk Group Inc Com	Common stock	N/A	N/A	6,123	326,060	447,469
	International Seaways Inc Com	Common stock	N/A	N/A	15,063	285,123	363,470
	Jack In The Box Inc Com	Common stock	N/A	N/A	2,786	230,932	190,284
	James Riv Group LTD Com	Common stock	N/A	N/A	6,827	229,827	174,430
	Kaiser Alum Corp Com Par \$0.01	Common stock	N/A	N/A	2,897	259,142	295,986
	Kb Home Com	Common stock	N/A	N/A	9,174	260,481	316,411
	Kontoor Brands Inc Com	Common stock	N/A	N/A	8,690	243,517	348,208
	Marriott Vacations Wrldwde CP Com	Common stock	N/A	N/A	1,926	147,925	284,509
	Maxar Technologies Inc	Common stock	N/A	N/A	10,052	273,560	300,153
	Mercer Intl Inc Com	Common stock	N/A	N/A	21,996	208,539	324,881
	National Storage Affiliates Tr Com	Common stock	N/A	N/A	5,966	103,460	312,917
	Nextstar Media Group, Inc	Common stock	N/A	N/A	2,368	124,870	414,921
	Nu Skin Enterprises Inc Cl A	Common stock	N/A	N/A	6,732	369,744	314,048
	Oasis Petroleum Inc Com	Common stock	N/A	N/A	3,187	211,376	505,873
	Oceanfirst Finl Corp Com	Common stock	N/A	N/A	11,836	273,508	238,732
	Olin Corp Com Par \$1	Common stock	N/A	N/A	6,260	113,705	411,845
	Outfront Media Inc Com	Common stock	N/A	N/A	15,186	322,564	313,287
	Pacific Premier Bancorp Com	Common stock	N/A	N/A	9,380	185,231	305,413
	Penske Automotive Group Inc Com	Common stock	N/A	N/A	2,710	131,883	312,029
	Perrigo Co PLC Shs	Common stock	N/A	N/A	9,350	412,069	372,691
	Primo Water Corporation Com	Common stock	N/A	N/A	22,956	311,001	328,730
	Primoris Svcs Corp Com	Common stock	N/A	N/A	16,252	334,299	394,599
	Progress Software Corp Com	Common stock	N/A	N/A	7,140	335,846	344,933
	Provident Finl Svcs Inc Com	Common stock	N/A	N/A	10,036	185,186	230,728
	Regal Rexnord Corporation	Common stock	N/A	N/A	904	66,381	112,955
	Sabra Health Care REIT Inc Com	Common stock	N/A	N/A	22,636	431,906	317,809
	Silvercrest Asset Mgmt Group I Cl A	Common stock	N/A	N/A	10,991	153,972	229,052
	Solarwinds Corp Com	Common stock	N/A	N/A	1	21	12

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF TRUSTEE-DIRECTED INVESTMENTS (CONTINUED)

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-295326;
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value				(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value		
	South Jersey Industries Inc Com	Common stock	N/A	N/A	13,512	\$ 363,162	\$ 470,893
	South Plains Financial Inc Com	Common stock	N/A	N/A	9,833	233,417	243,072
	Southstate Corp	Common stock	N/A	N/A	4,073	333,090	329,180
	Spirit Aerosystems Hldgs Inc Cl A	Common stock	N/A	N/A	6,720	297,203	211,142
	Stag Indl Inc Com	Common stock	N/A	N/A	7,358	158,868	245,021
	Standard Mtr Prods Inc Com	Common stock	N/A	N/A	942	36,756	37,633
	Synovus Finl Corp Com New	Common stock	N/A	N/A	7,144	232,259	304,692
	Technipfmc LTD Com	Common stock	N/A	N/A	39,811	278,753	328,043
	Texas Pacific Land Corporation Com	Common stock	N/A	N/A	88	35,129	137,807
	The Aarons Company	Common stock	N/A	N/A	4,823	124,825	94,338
	Timberland Bankcorp Inc Com	Common stock	N/A	N/A	7,978	230,354	202,641
	Ttec Hldgs Inc Com	Common stock	N/A	N/A	3,636	232,650	245,212
	Victory Cap Hldgs Inc Com Cl A	Common stock	N/A	N/A	9,879	329,834	279,378
	Virtu Finl Inc Cl A	Common stock	N/A	N/A	11,510	265,751	300,756
	Vse Corp Com	Common stock	N/A	N/A	7,180	307,126	279,015
	Winnebago Industries Com	Common stock	N/A	N/A	5,010	148,488	247,745
	Wintrust Finl Corp Com	Common stock	N/A	N/A	3,726	198,142	325,615
	Total common stocks					18,504,500	22,337,474
Corporate bonds and notes							
	Wells Fargo Coml Mtg Tr	Corporate bonds and notes	11/15/49	2.399%	84,206	86,729	84,139
Mutual funds							
	Baird Aggregate Bond Fund Inst	Mutual funds	N/A	N/A	3,045,279	31,061,909	31,092,301
	Nuveen Floating Rate Income Fund Class R6	Mutual funds	N/A	N/A	1,555,162	30,994,412	28,428,356
	Vanguard S&P Midcap 400 Growth Index	Mutual funds	N/A	N/A	81,552	29,790,000	28,623,812
	Vanguard Total International Stock Index Fund	Mutual funds	N/A	N/A	149,570	17,492,370	18,234,105
	Total mutual funds					109,338,691	106,378,574
Investment in foreign exempted entity							
	ABS Alpha Global Equity	investment in foreign exempted entity	N/A	N/A	108,219	13,000,000	22,951,158
Common collective trusts							
	IBEW-NECA Equity Index Fund	Common collective trusts	N/A	N/A	1,081,335	5,687,410	94,948,666
	AFL-CIO Building Investment Trust	Common collective trusts	N/A	N/A	2,604	7,374,238	23,081,892
	IBEW-NECA Stable Value Trust	Common collective trusts	N/A	N/A	52,584	25,000,000	25,170,372
	ASB Allegiance Real Estate Fund	Common collective trusts	N/A	N/A	10,103	6,773,861	20,702,702
	Multi-Employer Property Trust	Common collective trusts	N/A	N/A	542	3,308,353	8,227,867
	NIS Core Fixed Income Fund	Common collective trusts	N/A	N/A	1,675	34,014,935	37,221,857
	Galliard Wells Fargo Stable Value	Common collective trusts	N/A	N/A	1,989,160	88,966,268	114,082,894
	Total common collective trusts					171,125,065	323,436,250
Total trustee-directed investments						\$ 313,877,437	\$ 477,010,047

NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF SELF-DIRECTED INVESTMENTS

MAY 31, 2022

Schedule H, Part IV, Line 4(i)

EIN #: 36-2953263
Plan No.: 001

		(c) Description of Investment, Including Maturity Date, Rate of Interest, Shares or Par/Maturity Value					
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	<u>Common collective trust</u>						
	Galliard Stable Return Fund K	Common collective trust	N/A	N/A	173,882	<u>\$ 19,418,351</u>	<u>\$ 20,455,527</u>
	<u>Mutual funds</u>						
	American Balanced Fund	Mutual fund	N/A	N/A	296,447	7,968,641	9,128,924
	American Bond Fund of America	Mutual fund	N/A	N/A	626,007	8,229,587	7,599,730
	American Europacific Growth Fund	Mutual fund	N/A	N/A	82,679	4,633,075	4,391,925
	American Growth Fund of America	Mutual fund	N/A	N/A	179,919	9,582,510	10,289,539
	Delaware Small Cap Core R6	Mutual fund	N/A	N/A	195,937	4,960,480	5,327,530
	Dodge & Cox Stock Fund	Mutual fund	N/A	N/A	175,035	29,286,500	41,502,489
	Hartford Schroders Intl Sdr	Mutual fund	N/A	N/A	279,865	2,671,035	2,787,455
	IShares S&P 500 Stock Fund	Mutual fund	N/A	N/A	29,191	8,467,889	14,223,395
	MFS Mid Cap Value R4	Mutual fund	N/A	N/A	84,801	2,154,163	2,555,898
	Primecap Odyssey Aggressive Growth	Mutual fund	N/A	N/A	211,082	9,024,563	8,675,465
	Victory Sycamore Small Company Opp I	Mutual fund	N/A	N/A	25,240	1,187,979	1,235,484
	JPM Smart Retirement Blend Incm	Mutual fund	N/A	N/A	1,936	36,331	33,376
	JPM Smart Retirement Blend 2045	Mutual fund	N/A	N/A	7,157	223,871	194,881
	JPM Smart Retirement Blend 2035	Mutual fund	N/A	N/A	30,106	873,051	760,489
	JPM Smart Retirement Blend 2030	Mutual fund	N/A	N/A	4,334	107,255	101,035
	JPM Smart Retirement Blend 2020	Mutual fund	N/A	N/A	2,939	60,555	56,568
	JPM Smart Retirement Blend 2055	Mutual fund	N/A	N/A	1,101	<u>32,535</u>	<u>29,698</u>
	Total mutual funds					<u>89,500,020</u>	<u>108,893,881</u>
	Total self-directed investments					<u>108,918,371</u>	<u>129,349,408</u>
	Total investments					<u>\$ 422,795,808</u>	<u>\$ 606,359,455</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0080 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>06/01/2021</u> and ending <u>05/31/2022</u>	
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 instr.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan NECA-IBEW LOCAL 176 PENSION TRUST FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/01/1976</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-2953263</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 815-729-2666</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 525100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 06/01/1976		2b Employer Identification Number (EIN) 36-2953263		2c Plan Sponsor's telephone number 815-729-2666		2d Business code (see instructions) 525100	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 06/01/1976											
2b Employer Identification Number (EIN) 36-2953263											
2c Plan Sponsor's telephone number 815-729-2666											
2d Business code (see instructions) 525100											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST F 1100 N E FRONTAGE ROAD JOLIET IL 60431-2798											

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	<i>Andy Rico</i>	3/6/23	ANDY RICO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Shane M. Elliott</i>	3/7/23	Shane M. Elliott
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5 2,673	
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) 2,673	
a (2) Total number of active participants at the end of the plan year		6a(2) 2,741	
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2), 6b, and 6c		6d 2,741	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f 2,741	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 2,741	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 408	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C 2E 2F 2H

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules (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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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NECA-IBEW LOCAL 176 PENSION TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2022

Schedule H, Part IV, Line 4(j)

EIN #: 36-2953263
Plan No.: 001

(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Purchases						
BMO Government Money Market Premier	572	\$ 65,106,681	\$ -	\$ 65,106,681	\$ 65,106,681	\$ -
GS Fin Sq Gov #465	233	124,194,277	-	124,194,277	124,194,277	-
Vanguard S&P Midcap 400 Growth Index Fund	1	29,790,000	-	29,790,000	29,790,000	-
Dreyfus Cash Management Fd	3	49,000,165	-	49,000,165	49,000,165	-
NECA Equity Index Fund	3	49,000,165	-	49,000,165	49,000,165	-
Baird Aggregate Bond Fund Inst	2	31,061,909	-	31,061,909	31,061,909	-
Sales						
BMO Government Money Market Premier	112	-	65,267,447	65,267,447	65,267,447	-
GS Fin Sq Gov #465	43	-	124,329,887	124,329,887	124,329,887	-
Dreyfus Cash Management Fd	3	-	49,000,165	49,000,165	49,000,165	-
NECA Equity Index Fund	2	-	19,000,000	19,000,000	19,000,000	-