

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA</u></p> <p><u>1149 BLOOMFIELD AVE</u> <u>CLIFTON, NJ 07012-2314</u></p>	<p>1c Effective date of plan <u>11/01/1975</u></p> <p>2b Employer Identification Number (EIN) <u>23-2009068</u></p> <p>2c Plan Sponsor's telephone number <u>215-781-9616</u></p> <p>2d Business code (see instructions) <u>335900</u></p>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/14/2025</u>	<u>GEORGE SERIO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">BOARD OF TRUSTEES, C/O ZENITH AMERICAN SOLUTIONS INC</p> <p style="color: blue;">501 CARR ROAD, SUITE 220 WILMINGTON, DE 19809-2800</p>	<p>3b Administrator's EIN 52-1590516</p> <p>3c Administrator's telephone number 302-762-2008</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	1140
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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)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	537
c Other retired or separated participants entitled to future benefits	6c	532
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1069
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	51
f Total. Add lines 6d and 6e	6f	1120
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	0
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4L

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA		D Employer Identification Number (EIN) 23-2009068	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	12686 GP		11/01/2023	10/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	905353
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 886849
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 23580
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 23580
d	Total of balance and additions (add lines 7b and 7c(6))	7d 910429
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1191
	(2) Administration charge made by carrier	7e(2) 3885
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
(5) Total deductions	7e(5) 5076	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 905353

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA	D Employer Identification Number (EIN) 23-2009068	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

LAZARD ASSET MANAGEMENT

05-0530199

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

INVESCO ADVISERS INC

58-1707262

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

THE VANGUARD GROUP INC

23-1945930

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

BLACKROCK ADVISORS LLC

23-2784752

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

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

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)

ZENITH AMERICAN SOLUTIONS INC

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 50	NONE	130200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY, LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 33 72 50 15 64 55 49 99	NONE	56420	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	33836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	17394	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARELLA,BYRNE,CECCHI,OLSTEIN,BRODY

22-2045935

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PNC BANK, NA

22-1146430

(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 50	NONE	7940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY, LLC	49 99 52 15 64	0
(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.	
LAZARD GLB LSTD INFR PTF INS 20-0169148	REVENUE SHARING PAYMENT RANGING .01% TO .10% OF ASSETS PER YEAR. ADMIN SERVICE FEE	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA</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>BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA</u>	D Employer Identification Number (EIN) <u>23-2009068</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</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>4245220</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA	D Employer Identification Number (EIN) 23-2009068	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	433815	1228853
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19550	54153
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	218469	222382
(2) U.S. Government securities	1c(2)	5624394	5399974
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3717689	4099338
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4698032	3977131
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3077412	4245220
(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)	10024841	12217408
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	883259	905353
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28697461	32349812
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	22078	21460
i Acquisition indebtedness	1i		
j Other liabilities	1j	7840	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29918	21460
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28667543	32328352

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	716	
(B) U.S. Government securities	2b(1)(B)	84703	
(C) Corporate debt instruments	2b(1)(C)	132062	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	23580	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		241061
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	67002	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	179453	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		246455
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10699068	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10255579	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		443489
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1228838	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1167808
(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)		2831818
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6159469

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2123677	
(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)		2123677
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	130200	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	19800	
(5) Investment advisory and investment management fees.....	2i(5)	66530	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	15199	
(7) Actuarial fees.....	2i(7)	33836	
(8) Legal fees.....	2i(8)	18873	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	1225	
(11) Other expenses.....	2i(11)	89320	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		374983
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2498660

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3660809
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 542719.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. PENSION FUND-PA</u>	D Employer Identification Number (EIN) <u>23-2009068</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>52-1590516</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	1120
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	1140
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	1172

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.98
b The corresponding number for the second preceding plan year	15b	0.96

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 66.3 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 30.8 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 2.9 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA

FINANCIAL STATEMENTS

OCTOBER 31, 2024

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

OCTOBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Local Union 1158 I.B.E.W. Pension Fund - PA

Opinion

We have audited the financial statements of the Local Union 1158 I.B.E.W. Pension Fund - PA (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 (in liquidation) as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Local Union 1158 I.B.E.W. Pension Fund - PA as of October 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Local Union 1158 I.B.E.W. Pension Fund - PA 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.

Liquidation Basis of Accounting

As described in Note 9 to the financial statements, all contributing employers withdrew from the Plan, triggering a termination of the Plan by mass withdrawal as defined by the Employee Retirement Security Act of 1974. Accordingly, the financial statements are prepared on the liquidation basis of accounting.

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 the financial statements are available to be issued.

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

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 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, referred to as “supplemental information,” is presented for the purpose of additional analysis and is not a required part of the financial statements, but is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
February 27, 2025

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)

OCTOBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Corporate stock	\$ 3,977,131	\$ 4,698,032
Common collective trust	4,245,220	3,077,412
Equity mutual funds	4,166,332	3,374,066
Exchange traded funds	8,051,076	6,650,775
Corporate obligations	4,099,338	3,717,689
United States Government and Government Agency obligations	5,399,974	5,624,394
Total investments at fair value	29,939,071	27,142,368
CONTRACT WITH INSURANCE COMPANY - at contract value	905,353	883,259
Total investments	30,844,424	28,025,627
CASH	1,451,235	652,284
DUE FROM BROKER	35,723	-
PREPAID EXPENSES	18,430	19,550
Total assets	32,349,812	28,697,461
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to broker	-	7,840
Accrued expenses	21,460	22,078
Total liabilities	21,460	29,918
NET ASSETS AVAILABLE FOR BENEFITS	\$ 32,328,352	\$ 28,667,543

See accompanying notes to financial statements.

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED OCTOBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 5,476,592	\$ 233,427
Interest and dividends	682,877	1,031,116
	6,159,469	1,264,543
Less: investment management and custodial fees	(81,729)	(78,667)
Investment income - net	6,077,740	1,185,876
Total additions	6,077,740	1,185,876
DEDUCTIONS		
Benefits		
Monthly retirement benefits	2,117,915	2,159,683
Death benefits	5,762	4,473
Total benefits	2,123,677	2,164,156
Administrative expenses		
Contract administration	130,200	131,700
Actuarial consulting fees	33,836	12,964
Insurance and PBGC	66,847	63,211
Legal fees	18,873	29,630
Accounting, auditing and government filings	19,800	18,800
Office supplies and expenses	22,473	19,691
Independent Trustee	1,225	1,015
Total administrative expenses	293,254	277,011
Total deductions	2,416,931	2,441,167
NET INCREASE (DECREASE)	3,660,809	(1,255,291)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	28,667,543	29,922,834
End of year	\$ 32,328,352	\$ 28,667,543

See accompanying notes to financial statements.

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA

NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Local Union 1158 I.B.E.W. Pension Fund - PA (the Plan) is provided for general informational purposes only.

The Plan was established during 1975 as a result of collective bargaining agreements between former IBEW Local Union No. 1841 and various employer associations to provide retirement, death, and disability benefits for eligible participants. The Plan is financed by employer contributions, as specified in the collective bargaining agreements, and investment income.

The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an employee is eligible for a normal retirement pension upon attaining the later of age 65 or the fifth anniversary of Plan participation.

Effective November 1, 2006, benefit accruals for future service ceased and participation is limited to active participants who had an hour of service before November 1, 2006.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The Plan Trustees determined that the Plan terminated on June 28, 2019 and filed a Notice of Mass Withdrawal Termination with the PBGC on July 25, 2019. During the liquidation period, from November 1, 2018 through the date that all of the Plan's assets have been distributed to participants, the Plan's financial statements are prepared on the liquidation basis of accounting.

Investments - Investments in United States Government and Government Agency obligations, equity mutual funds, exchange traded funds, the common collective trust, corporate stock, and corporate obligations are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year. The contract with the insurance company is a deposit administration contract entered into before March 20, 1992, and as such, is carried at contract value, which approximates fair value. Contract value consists of money received from the Pension Fund, under non-allocated funding arrangements, to which the insurance company added interest and deducted administrative costs and pension payments.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

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

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter on November 16, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's Trustees and counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, Plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 4. FUNDING POLICY

Effective July 25, 2019, the Plan entered mass withdrawal status and, as such, no further employer contributions have been received.

NOTE 5. PRIORITIES UPON TERMINATION

On June 28, 2019, the Plan was terminated by mass withdrawal as defined by ERISA Section 4041A (a)(2). Mass withdrawal triggered termination of the Plan, and the Trustees were responsible for determining that the Plan did in fact terminate. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. The net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

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

NOTE 6. ACTUARIAL INFORMATION

The Plan's present value of non-forfeitable benefits as of October 31, 2024 was calculated by the Plan's actuary as required for a mass withdrawal.

Unfunded Vested Benefit Liability

1. Present value of non-forfeitable benefits	\$ 31,633,263
2. Less net assets available for benefits	<u>(32,328,352)</u>
3. Unfunded / (overfunded) vested benefit liability	<u>\$ (695,089)</u>

The determination of the present value of non-forfeitable benefits was prepared on the basis of mass withdrawal liability interest rates in effect for October 2024, as well as mortality tables specified in ERISA Section 4044. The interest rates used ranged from 4.75% to 5.54%. Expenses are determined in accordance with ERISA Section 4044.52(d) using the CPI-U factor for September 2023. Mortality rates follow the ERISA 4044 Base Mortality Table for Healthy Lives for Valuation Dates on or after July 31, 2024, with generational projection using Scale MP-2021 from 2012.

The Plan is projected to be unable to pay benefits in the plan year beginning November 1, 2043. Since the present value of non-forfeitable benefits is less than \$50 million, the next valuation report will be required as of October 31, 2029.

NOTE 6. ACTUARIAL INFORMATION (continued)

The present value of accumulated plan benefits valuations was made using the Unit Credit Actuarial Cost method. The actuarial assumptions and plan of benefits used to calculate the November 1, 2024 actuarial present value of accumulated plan benefits (PVAB) are as used in the October 31, 2024 actuarial valuation, except for the interest rate, which was 6.50% for the November 1, 2023 and 2024 PVAB. Some of the more significant assumptions used in the valuation as of November 1, 2024 were as follows:

- a. Mortality rates follow the ERISA 4044 Base Mortality Table for Healthy Lives for Valuation Dates on or after July 31, 2024, with generational projection using Scale MP-2021 from 2012.
- b. Retirement age is assumed to be 62, the earliest age per ERISA Section 4281.12(b).
- c. Interest rates used were rates published by the PBGC for October 31, 2024, under ERISA Section 4044. The half year spot yield curve rates ranged from 4.75% to 5.54%.
- d. Future pensions credits - One pension credit per year per active employee included in the valuation, provided 1,600 or more hours of service attained. Pension credits earned after October 31, 2006, affect eligibility for benefits only, and not the amount of the benefit.
- e. Administrative expenses - Expenses are assumed to be \$290,000 for the Plan year beginning November 1, 2024, and will increase with inflation at 2.5% per year.
- f. Actuarial value of assets - IRS Method 16 (Revenue Procedure 2000-40). The market value of assets less unrecognized returns in each of the last four years beginning with the Plan Year beginning November 1, 2007. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a four-year period (10-year period for the investment loss during the Plan year ended October 31, 2008). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Assets held in insurance company general accounts are assumed to have market value equal to deposit value.

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

The Plan was actuarially certified as critical and declining as of November 1, 2017. A rehabilitation plan was previously adopted, as required by PPA '06 and amended in May 2016.

No zone certification is required because of the Plan's termination status.

The actuary reported that the Plan has met minimum funding standards as of October 31, 2024.

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following table presents information about the Plan's assets measured at fair value as of October 31, 2024:

	Fair Value Measurements at October 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate stock	\$ 3,977,131	\$ 3,977,131	\$ -	\$ -
Common collective trust	4,245,220	4,245,220	-	-
Equity mutual funds	4,166,332	4,166,332	-	-
Exchange traded funds	8,051,076	8,051,076	-	-
Corporate obligations	4,099,338	-	4,099,338	-
United States Government and Government Agency obligations	1,104,276	-	1,104,276	-
United States Treasury	4,295,698	4,295,698	-	-
Total investments	<u>\$ 29,939,071</u>	<u>\$ 24,735,457</u>	<u>\$ 5,203,614</u>	<u>\$ -</u>

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The following table presents information about the Plan's assets measured at fair value as of October 31, 2023:

	Fair Value Measurements at October 31, 2023			
	Total	Level 1	Level 2	Level 3
Corporate stock	\$ 4,698,032	\$ 4,698,032	\$ -	\$ -
Common collective trust	3,077,412	3,077,412	-	-
Equity mutual funds	3,374,066	3,374,066	-	-
Exchange traded funds	6,650,775	6,650,775	-	-
Corporate obligations	3,717,689	-	3,717,689	-
United States Government and Government Agency obligations	1,013,984	-	1,013,984	-
United States Treasury	4,610,410	4,610,410	-	-
Total investments	\$ 27,142,368	\$ 22,410,695	\$ 4,731,673	\$ -

In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presents in the statements of net assets available for benefits.

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

The IBEW-NECA Equity Index Fund, previously considered to be measured at NAV, was reclassified into Level 1 at October 31, 2024 and 2023, as daily pricing is available through NASDAQ. During the years ended October 31, 2024 and 2023, there were no other transfers in or out of levels 1, 2, or 3.

The unfunded commitments and redemption information are as follows at October 31, 2024.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - IBEW-NECA Equity Index Fund	\$ 4,245,220	\$ -	Daily	Daily
Contract with insurance company: Great West Life Assurance Co.	905,353	-	*	30 days
	\$ 5,150,573	\$ -		

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at October 31, 2023.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust -				
IBEW-NECA Equity Index Fund	\$ 3,077,412	\$ -	Daily	Daily
Contract with insurance company:				
Great West Life Assurance Co.	<u>883,259</u>	<u>-</u>	*	30 days
	<u>\$ 3,960,671</u>	<u>\$ -</u>		

*- The Trustees or the insurance company may declare any date on or after the date of notice to the other party to be a Deposit Cessation Date.

The objective of the IBEW NECA Equity Index Fund is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, a widely recognized index of common stocks, by the purchase and sale of such equities which compose the S&P 500 index.

The contract with the insurance company is a deposit administration contract entered into before March 20, 1992, and as such, is carried at contract value, which approximates fair value. Contract value consists of money received from the Pension Fund, under non-allocated funding arrangements, to which the insurance company added interest and deducted administrative costs and pension payments.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan withdrawal liability payments are determined and the present value of non-forfeitable benefits after mass withdrawal and present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change as part of the estimation and assumption process. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9. MASS WITHDRAWAL

During the year ended October 31, 2019, the Trustees of the Plan determined that the bankruptcy court approved liquidation / withdrawal of the final participating employer from the Plan resulted in the withdrawal of all of the Plan's participating employers, constituting a mass withdrawal termination of the Plan pursuant to ERISA Section 4219(c)(1)(D).

NOTE 10. CONTRACT ADMINISTRATION

The Plan has an agreement with Zenith American Solutions ("Zenith"), a third-party administrator, to administer the Plan. The contract provides for a monthly fee of \$10,850 effective May 1, 2022.

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through February 27, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA

SCHEDULE OF ASSETS HELD AT END OF YEAR

OCTOBER 31, 2024

Form 5500 Schedule H, Item 4i

E.I.N 23-2009068
Plan No. 001

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					Cost
Issuer, Borrower		Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate stock:</u>							
	Accenture		214			\$ 66,188	\$ 73,791
	Adobe		67			29,676	32,139
	Advanced Micro Devices		331			48,411	47,687
	Alphabet		1,057			109,648	180,863
	Amazon		1,558			185,480	290,411
	American Express		188			33,647	50,775
	Amphenol		439			32,963	73,856
	Amtek Inc		168			28,252	30,801
	Analog Devices		292			46,014	65,148
	Apple Inc		1,082			205,389	244,435
	Applied Material		292			35,049	53,021
	Avery Dennison		174			28,842	36,023
	Bank Of America		3,233			115,054	135,204
	Blackstone Inc		347			47,860	58,209
	Boeing		255			50,814	38,074
	Boston Scientific		728			30,357	61,167
	Broadcom Inc		470			33,164	79,792
	Brown Forman Corp CL B		525			22,733	23,116
	CBRE Group Inc CL A		326			34,174	42,696
	Charles Schwab		884			51,926	62,614
	Chubb		151			32,228	42,648
	Coca-Cola		951			55,130	62,110
	ConocoPhillips		659			48,891	72,187
	Danaher		250			45,978	61,415
	Eli Lilly & Co		49			41,168	40,869
	Exxon Mobil		616			71,230	104,518
	Goldman Sachs Group		188			66,725	97,345
	HEICO		154			23,866	37,722
	Home Depot		147			34,055	57,881
	Honeywell International		199			38,628	40,930
	Intercontinental Exchange		802			108,278	125,008
	IQVIA Holdings		206			31,800	42,399
	Jacobs Solutions Inc		155			21,445	21,790
	Marsh & McLennan		326			53,190	71,146
	Marvell Technology		965			66,002	77,306
	McDonald's		220			52,181	64,264
	Medtronic		594			62,916	53,015
	Merck & Co Inc		290			29,280	29,673
	Microsoft		820			123,360	333,207
	Mondelez International		498			29,889	34,103
	Nike		460			49,685	35,480
	Nordson		169			38,709	41,893
	Norfolk Southern		209			57,912	52,340
	Old Dominion Freight Line		187			33,936	37,647
	Pioneer Natural Resource						

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
<u>Corporate stock (continued):</u>						
Procter & Gamble		347			\$ 42,777	\$ 57,317
Prologis REIT		657			94,208	74,202
Rockwell Automation Inc		156			43,447	41,607
Starbucks Corp Washington		249			23,244	24,327
Sysco		357			28,724	26,757
Thermo Fisher Scientific		130			51,215	71,022
UnitedHealth Grp		219			79,639	123,626
Visa		428			91,910	124,056
Waste Management		358			59,750	77,274
Zoetis		225			19,859	40,225
Total corporate stock					<u>2,986,896</u>	<u>3,977,131</u>
<u>Common collective trust:</u>						
IBEW-NECA Equity Index Fund		33,741			2,946,935	4,245,220
<u>Equity mutual funds:</u>						
Lazard Global Listed Infra. Portfolio Inst. Sh.		124,739			1,841,467	1,985,838
WCM Focused International Growth Fund, L.P.		898,504			898,504	2,180,494
Total equity mutual funds					<u>2,739,971</u>	<u>4,166,332</u>
<u>Exchange traded funds:</u>						
Invesco S&P 500		23,676			3,155,436	4,173,882
iShares:MSCI ACWI XUS		18,845			972,314	1,028,161
iShares:MSCI EAFE ETF		5,407			426,181	428,350
Vanguard Extended Market		13,221			2,316,081	2,420,683
Total exchange traded funds					<u>6,870,012</u>	<u>8,051,076</u>
<u>Corporate obligations:</u>						
AbbVie Inc	Bond	156,000	2.950 %	11/21/26	164,140	153,358
Air Lease Corp	Bond	15,000	5.850	12/15/27	15,471	15,772
Air Lease Corp	Bond	6,000	4.625	10/01/28	6,158	5,963
Air Lease Corp	Bond	176,000	3.250	10/01/29	187,122	163,049
American Electric Power Company Inc	Bond	149,000	5.626	03/01/33	155,528	153,542
American Honda Finance Corp	Bond	12,000	1.000	09/10/25	11,088	11,661
Amgen Inc	Bond	10,000	2.200	02/21/27	9,603	9,538
Amgen Inc	Bond	150,000	5.250	03/02/30	155,631	154,270
AON North America Inc	Bond	12,000	5.125	03/01/27	11,977	12,254
Bank of America Corp	Bond	8,000	3.559	04/23/27	8,492	7,865
Bank of America Corp	Bond	164,000	1.734	07/01/27	151,901	156,451
Bank of America Corp	Bond	27,000	1.734	07/22/27	24,203	25,757
Bank of America Corp	Bond	10,000	3.419	12/20/28	9,461	9,708
Bank of America Corp	Bond	190,000	2.300	07/01/32	350,817	160,887
Bank of America Credit Card Trust	Bond	20,000	4.930	05/15/29	20,180	20,261
Bank of New York Mellon Corp	Bond	9,000	5.802	10/25/28	9,402	9,297
Boeing Co	Bond	160,000	2.196	02/04/26	160,981	155,024
Boeing Co	Bond	17,000	2.700	02/01/27	15,877	16,166
Capital One Financial Corp	Bond	8,000	7.149	10/29/27	8,391	8,352
Capital One Financial Corp	Bond	14,000	1.878	11/02/27	13,326	13,330
Capital One Financial Corp	Bond	156,000	5.700	02/01/30	172,142	161,302
CarMax	Bond	10,000	4.850	01/15/30	9,999	10,055
Centenne Corp	Bond	9,000	4.250	12/15/27	8,678	8,852
Charles Schwab Corp	Bond	10,000	0.900	03/11/25	8,849	9,516
Charles Schwab Corp	Bond	81,000	4.000	Perpetual	74,975	78,203
Cheniere Corpus Christi Holdings LLC	Bond	6,000	5.125	06/30/27	6,179	6,141
Citigroup Inc	Bond	15,000	1.122	01/28/27	13,399	14,364
Citigroup Inc	Bond	23,000	1.462	06/09/27	20,494	21,940

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Corporate obligations (continued):</u>					
Citigroup Inc	Bond	235,000	3.887 %	01/10/28	\$ 257,417	\$ 233,154
Citigroup Inc	Bond	9,000	3.070	02/24/28	8,481	8,714
CSAIL Commercial Mortgage Trust	Bond	10,000	3.446	08/15/48	15,119	6,200
CSAIL Commercial Mortgage Trust	Bond	25,000	3.448	08/15/48	2,176	542
Cubesmart LP	Bond	6,000	3.125	09/01/26	5,763	5,852
Dell International LLC	Bond	17,000	4.900	10/01/26	17,081	17,123
Diamondback Energy Inc	Bond	9,000	5.200	04/18/27	8,996	9,109
DTE Energy Co	Bond	9,000	4.950	07/01/27	9,227	9,156
Duke Energy Corp	Bond	16,000	2.650	09/01/26	14,757	15,516
Duke Energy Corp	Bond	6,000	3.150	08/15/27	5,856	5,801
Edison International	Bond	8,000	3.550	11/15/24	8,429	8,124
Edison International	Bond	80,000	5.750	06/15/27	98,005	83,367
Energy Transfer LP	Bond	18,000	4.950	05/15/28	18,106	18,448
Energy Transfer LP	Bond	8,000	4.950	06/15/28	8,263	8,165
Energy Transfer LP	Bond	153,000	5.250	04/15/29	178,945	154,705
EPR Properties	Bond	8,000	4.750	12/15/26	7,982	8,077
Equifax Inc	Bond	5,000	5.100	12/15/27	5,199	5,140
First-Citizens Bank & Trust Co	Bond	9,000	6.125	03/09/28	9,606	9,381
Ford Credit Auto Owner Trust	Bond	25,000	4.960	05/15/30	25,040	25,292
General Motors Financial Company Inc	Bond	15,000	4.350	01/17/27	14,304	15,025
General Motors Financial Company Inc	Bond	20,000	4.850	12/18/28	19,964	20,143
Goldman Sachs Group Inc	Bond	9,000	1.431	03/09/27	8,223	8,615
Goldman Sachs Group Inc	Bond	21,000	1.948	10/21/27	18,692	19,867
Goldman Sachs Group Inc	Bond	15,000	3.691	06/05/28	14,336	14,812
Goldman Sachs Group Inc	Bond	158,000	4.223	05/01/29	160,093	157,729
HCA Inc	Bond	13,000	5.250	06/15/26	13,208	13,306
HCA Inc	Bond	149,000	5.200	06/01/28	151,516	153,576
Hewlett Packard Enterprise Co	Bond	18,000	4.400	09/25/27	18,019	17,938
Host Hotels & Resorts LP	Bond	6,000	4.000	06/15/25	6,361	6,046
Invitation Homes Operating Partnership LP	Bond	15,000	2.300	11/15/28	13,294	13,751
JPMCC Commercial Mortgage Securities Trust	Bond	15,000	3.548	03/17/50	11,416	7,598
JPMorgan Chase & Co	Bond	19,000	1.578	04/22/27	17,268	18,141
JPMorgan Chase & Co	Bond	9,000	3.782	02/01/28	8,702	8,893
JPMorgan Chase & Co	Bond	14,000	4.005	04/23/29	14,132	13,639
Keycorp	Bond	7,000	2.250	04/06/27	6,702	6,584
Kimco Realty Op LLC	Bond	7,000	3.800	04/01/27	6,828	6,876
Kroger Co	Bond	13,000	4.600	08/15/27	12,997	13,131
Kroger Co	Bond	155,000	5.000	09/15/34	156,401	153,914
Kyndryl Holdings Inc	Bond	7,000	2.050	10/15/26	6,452	6,635
LPL Holdings Inc	Bond	9,000	5.700	05/20/27	8,997	9,363
Martin Marietta Materials Inc	Bond	11,000	3.500	12/15/27	10,320	10,780
Micron Technology Inc	Bond	7,000	4.185	02/15/27	7,010	6,973
MPLX LP	Bond	7,000	4.125	03/01/27	6,898	6,947
NextEra Energy Capital Holdings Inc	Bond	7,000	3.550	05/01/27	7,018	6,948
Oracle Corp	Bond	14,000	3.250	11/15/27	13,796	13,660
Plains All American Pipeline LP	Bond	16,000	4.500	12/15/26	15,614	16,204
PNC Financial Services	Bond	27,000	5.300	01/21/28	27,738	27,747
Regions Financial Corp	Bond	10,000	1.800	08/12/28	8,668	8,948
Royal Bank of Canada	Bond	9,000	6.000	11/01/27	9,287	9,623
Sabine Pass Liquefaction LLC	Bond	9,000	5.875	06/30/26	9,158	9,274
Sabine Pass Liquefaction LLC	Bond	150,000	5.000	03/15/27	152,813	151,264
Sempra	Bond	10,000	3.400	02/01/28	9,753	9,651
Southern California Edison Co	Bond	8,000	4.875	02/01/27	7,998	8,159
Southern Co	Bond	12,000	3.250	07/01/26	11,374	11,862
Southwest Airlines Co	Bond	7,000	5.125	06/15/27	7,228	7,189
Southwestern Electric Power Co	Bond	4,000	1.650	03/15/26	3,660	3,844

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Sprint Capital Corp	Bond	8,000	6.875 %	11/15/28	\$ 8,724	\$ 8,837
Targa Resources Partners	Bond	13,000	5.000	01/15/28	12,987	13,111
T-Mobile USA Inc	Bond	9,000	3.750	04/15/27	8,651	8,826
Toronto-Dominion Bank	Bond	9,000	2.800	03/10/27	8,331	8,663
Toronto-Dominion Bank	Bond	152,000	4.693	09/15/27	150,980	152,638
Truist Financial Corp	Bond	9,000	4.123	06/06/28	8,766	9,002
United Airlines Holdings Inc	Bond	6,000	4.875	01/15/25	6,236	6,074
US Bancorp	Bond	189,000	2.491	11/03/26	148,601	157,115
Utah Acquisition Sub Inc	Bond	9,000	3.950	06/15/26	8,559	8,987
Verizon Master Trust	Bond	30,000	5.340	04/20/27	30,342	30,586
Verizon Master Trust	Bond	5,000	4.170	08/20/30	4,999	4,962
Viatis	Bond	177,000	2.700	06/22/30	157,485	155,431
VMware Inc	Bond	19,000	1.400	08/15/26	16,642	17,966
Wells Fargo & Co	Bond	250,000	3.526	03/24/28	237,439	243,548
Wells Fargo & Co	Bond	30,000	3.584	05/22/28	28,342	29,557
Wells Fargo Commercial Mortgage Trust	Bond	10,000	3.637	06/15/48	9,556	9,941
Welltower OP LLC	Bond	9,000	2.700	02/15/27	8,550	8,716
Williams Companies Inc	Bond	13,000	4.000	09/15/25	15,701	12,960
Williams Companies Inc	Bond	7,000	3.750	06/15/27	3,986	6,934
Willis North America Inc	Bond	6,000	4.650	06/15/27	5,995	6,085
Total corporate obligations					<u>4,386,022</u>	<u>4,099,338</u>
<u>United States Government</u>						
<u>Agency obligations:</u>						
Federal National Mortgage Association	Note	380,000	3.500	04/01/52	351,735	281,320
Federal National Mortgage Association	Note	230,000	3.500	05/01/52	208,232	175,834
Federal National Mortgage Association	Note	243,000	5.000	09/01/52	200,191	198,744
Federal National Mortgage Association	Note	475,000	5.000	03/01/54	446,713	448,378
Total agency obligations					<u>1,206,871</u>	<u>1,104,276</u>
<u>United States Treasury:</u>						
United States Treasury	Note	120,000	-	02/06/25	117,368	118,566
United States Treasury	Note	91,000	4.000	12/15/25	91,320	92,104
United States Treasury	Note	106,000	4.000	02/15/26	105,568	106,579
United States Treasury	Note	128,000	3.750	04/15/26	127,654	127,388
United States Treasury	Note	71,000	1.625	05/15/26	65,860	68,834
United States Treasury	Note	120,000	4.125	06/15/26	119,150	121,719
United States Treasury	Note	92,000	4.625	09/15/26	93,844	93,294
United States Treasury	Note	117,000	3.500	09/30/26	116,107	115,932
United States Treasury	Note	72,000	4.000	01/15/27	71,451	72,634
United States Treasury	Note	48,000	4.125	02/15/27	47,638	48,396
United States Treasury	Note	36,000	4.500	04/15/27	36,344	36,376
United States Treasury	Note	429,000	4.500	05/15/27	428,661	441,569
United States Treasury	Note	25,000	4.625	06/15/27	25,136	25,739
United States Treasury	Note	749,000	4.375	07/15/27	764,256	763,210
United States Treasury	Note	47,000	3.375	09/15/27	46,297	46,265
United States Treasury	Note	345,000	4.375	11/30/28	348,828	354,018
United States Treasury	Note	534,000	4.625	04/30/29	543,594	544,179
United States Treasury	Note	272,000	3.250	06/30/29	270,298	264,404
United States Treasury	Note	152,000	3.750	05/31/30	151,551	151,123
United States Treasury	Note	183,000	1.375	11/15/31	177,371	152,602
United States Treasury	Note	389,000	1.875	02/15/32	351,292	333,301
United States Treasury	Note	222,000	3.875	08/15/33	208,765	217,466
Total United States Treasury					<u>4,308,353</u>	<u>4,295,698</u>

(a)	(b)	(c)			(d)	(e)	
Issuer, Borrower		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Type	Shares/ Principal	Interest Rate	Maturity Date		
Great-West Life & Annuity Insurance Company		<u>Contract with insurance company:</u>			\$ 905,353	\$ 905,353	
		Total investments			<u>\$ 26,350,413</u>	<u>\$ 30,844,424</u>	

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL UNION 1158 I.B.E.W. PENSION FUND - PA	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1975
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) BOARD OF TRUSTEES OF THE LOCAL UNION 1158 I.B.E.W. 1149 BLOOMFIELD AVE CLIFTON NJ 07012-2314	2b Employer Identification Number (EIN) 23-2009068
	2c Plan Sponsor's telephone number 215-781-9616
	2d Business code (see instructions) 335900

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>X George J. Serio</i>	4-14-25	GEORGE SERIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address Same as Plan Sponsor
BOARD OF TRUSTEES,
C/O ZENITH AMERICAN SOLUTIONS INC

501 CARR ROAD, SUITE 220
WILMINGTON DE 19809-2800

3b Administrator's EIN
52-1590516
3c Administrator's telephone number
302-762-2008

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	5	1,140
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)	0
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	537
c Other retired or separated participants entitled to future benefits	6c	532
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,069
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	51
f Total. Add lines 6d and 6e	6f	1,120
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4L

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) - Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____