

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>EMPLOYERS - LOCAL 1167 JOINT PENSION FUND</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, EMPLOYERS - LOCAL 1167 JOINT PENSION FUND</u></p> <p><u>1055 PARK VIEW DR STE 111</u> <u>COVINA, CA 91724</u></p>	<p>1c Effective date of plan <u>09/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>95-6496242</u></p> <p>2c Plan Sponsor's telephone number <u>626-434-2458</u></p> <p>2d Business code (see instructions) <u>316990</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	Filed with authorized/valid electronic signature.	09/30/2025	YESENIA GONZALEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	KYLE MCGARVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	619
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	269
	6c	351
	6d	620
	6e	5
	6f	625
	6g(1)	0
6g(2)	0	
6h	0	
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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan EMPLOYERS - LOCAL 1167 JOINT PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYERS - LOCAL 1167 JOINT	D Employer Identification Number (EIN) 95-6496242	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE SEGAL COMPANY

94-1503999

(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	47680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE LLP

95-2036255

(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	39500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITIZENS BUSINESS BANK

95-6806148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	29586	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

WEINBERG, ROGER & ROSENFELD

94-2458080

(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	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(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	57770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMPLOYERS - LOCAL 1167 JOINT PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYERS - LOCAL 1167 JOINT	D Employer Identification Number (EIN) 95-6496242

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	32418	42602
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	101727	94909
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	187113	239173
(2) U.S. Government securities	1c(2)	499261	385406
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1876437	2065534
(B) All other	1c(3)(B)	303172	205878
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1094558	1135492
(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)		
(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)	3147843	3235486
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	49250	0

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	7291779	7404480
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	2020	9381
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2020	9381
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7289759	7395099

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)	347260	
(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)		347260
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10742	
(B) U.S. Government securities.....	2b(1)(B)	16199	
(C) Corporate debt instruments.....	2b(1)(C)	73728	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1014	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101683
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	16120	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	174226	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		190346
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	646882	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	682857	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-35975
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	282173	
(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)		
(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)		185531
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1071018

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	723711	
(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)		723711
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)	57770	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	39500	
(5) Investment advisory and investment management fees	2i(5)	27283	
(6) Bank or trust company trustee/custodial fees	2i(6)	2303	
(7) Actuarial fees	2i(7)	47680	
(8) Legal fees	2i(8)	9000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	58431	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		241967
j Total expenses. Add all expense amounts in column (b) and enter total	2j		965678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		105340
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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 563138.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>EMPLOYERS - LOCAL 1167 JOINT PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, EMPLOYERS - LOCAL 1167 JOINT</u>	D Employer Identification Number (EIN) <u>95-6496242</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): _____		
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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
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	0
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	0
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	0

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

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

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

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

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Employers - Local 1167 Joint Pension Plan
1055 Park View Drive, Suite 111
Covina, California 91724

Members of the Board:

Opinion

We have audited the accompanying financial statements of Employers - Local 1167 Joint Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023 and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 17, 2025

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31, 2024	December 31, 2023
INVESTMENTS - AT FAIR VALUE		
Government Debt Securities	\$ 385,406	\$ 548,511
Corporate Debt Securities	2,271,412	2,179,609
Common Stocks	1,135,492	1,094,558
Mutual Funds	3,235,486	3,147,843
TOTAL INVESTMENTS	\$ 7,027,796	\$ 6,970,521
CASH AND CASH EQUIVALENTS		
Checking Account	38,144	31,355
Cash Held in Trust Account	4,458	1,063
Short Term Investment Fund	239,173	187,113
TOTAL CASH AND CASH EQUIVALENTS	281,775	219,531
RECEIVABLES		
Investment Income	29,518	31,513
OTHER ASSETS		
Prepaid Benefits	50,414	52,934
Prepaid Expenses	14,977	17,280
TOTAL OTHER ASSETS	65,391	70,214
TOTAL ASSETS	7,404,480	7,291,779
LIABILITIES		
ACCOUNTS AND EXPENSES PAYABLE		
Accrued Expenses	9,381	2,020
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,395,099	\$ 7,289,759

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
NET INVESTMENT INCOME		
Interest Income	\$ 101,683	\$ 105,342
Dividend Income	190,346	127,462
Net Appreciation of Investments	431,729	606,730
Less: Investment Management Fees	(27,283)	(26,779)
	\$ 696,475	\$ 812,755
EMPLOYER CONTRIBUTIONS - NOTE 6		
Withdrawal Liability	347,260	347,260
TOTAL ADDITIONS	1,043,735	1,160,015
DEDUCTIONS		
Pension Benefits	723,711	719,527
ADMINISTRATIVE EXPENSES		
Administration Fees	57,770	57,011
Legal Fees	9,000	9,000
Accounting and Audit Fees	39,500	38,900
Consulting and Actuarial Fees	47,680	55,205
Pension Benefit Guaranty Corp. Premium	22,903	21,840
Pension Benefit Information	2,157	1,278
Printing, Stationery and Office Supplies	5,356	3,805
Fiduciary Liability Insurance	21,057	21,676
Bonding Insurance	2,388	2,388
Cyber Liability Insurance	4,570	4,573
Bank Charges	2,303	2,300
Miscellaneous Expenses	-	324
	214,684	218,300
TOTAL DEDUCTIONS	938,395	937,827
NET INCREASE FOR THE YEAR	105,340	222,188
Balance, January 1	7,289,759	7,067,571
Balance, December 31	\$ 7,395,099	\$ 7,289,759

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN
BENEFITS (NOTE 2-I)

VESTED BENEFITS

Participants Currently Receiving Payments
Other Vested Benefits

\$ 6,360,533
4,874,220

TOTAL VESTED BENEFITS

11,234,753

NONVESTED BENEFITS

-

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

\$ 11,234,753

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023 TO DECEMBER 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 12,146,902
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Net Liability (Gain) or Loss, Changes in Data	\$ 359,383	
Change in Actuarial Assumptions (Note 2-l)	(1,011,703)	
Benefits Paid	(719,527)	
Interest	<u>459,698</u>	
NET (DECREASE)		<u>(912,149)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u><u>\$ 11,234,753</u></u>

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Employers - Local 1167 Joint Pension Plan (the “Plan”) is a multiemployer defined benefit pension plan covering all members of the Allied Products Division of the United Food and Commercial Workers Union, Local No. 1167 who were working for an employer signatory to a collective bargaining agreement requiring contributions to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Estimates

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

C. Contributions

Contributions are reported on the financial statements when received. See Notes 4 and 6.

D. Investments

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

Level 1 – Inputs based on quoted prices in an active market.

Level 2 – Inputs based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables represent the Plan’s fair value hierarchy for its financial assets measured at fair value on a recurring basis:

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investments (Continued)

Description	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Government Debt Securities	\$ 385,406	\$ -	\$ 385,406	\$ -
Corporate Debt Securities	2,271,412	-	2,271,412	-
Common Stocks	1,135,492	1,135,492	-	-
Mutual Funds	3,235,486	3,235,486	-	-
	<u>\$ 7,027,796</u>	<u>\$ 4,370,978</u>	<u>\$ 2,656,818</u>	<u>\$ -</u>

Description	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Government Debt Securities	\$ 548,511	\$ -	\$ 548,511	\$ -
Corporate Debt Securities	2,179,609	-	2,179,609	-
Common Stocks	1,094,558	1,094,558	-	-
Mutual Funds	3,147,843	3,147,843	-	-
	<u>\$ 6,970,521</u>	<u>\$ 4,242,401</u>	<u>\$ 2,728,120</u>	<u>\$ -</u>

Level 1 investments consist of common stocks and mutual funds that are actively traded on a national exchange and are valued based on quoted market prices. Level 2 investments consist of government and corporate debt securities that are valued based on third party pricing services or using matrices of trades in similar securities.

The fair values of investments were provided by the investment manager and custodian of the Plan, Citizens Business Bank. Investment income and expenses are reported on the accrual basis. Realized gain or loss from the sale or redemption of investments and unrealized appreciation or depreciation in the fair value of investments are reported as net appreciation of investments.

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the cost of the investments sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the current (fair) value of the investments at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from investments in mutual funds (interest in registered investment companies) to be reported separately on one line.

E. Cash and Cash Equivalents

Cash and cash equivalents consist of cash deposited with financial institutions in a checking account, cash account, and short term investment funds.

F. Pension Benefits

Pension benefits are reported as an expense in the month the pension benefits become payable and are generally paid in the month in which they are due. Any benefit payments made prior to the first day of the month, they are due is classified as prepaid benefits.

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Other Income and Expenses

Other income and expenses are reported on the accrual basis, except for nominal amounts of recurring monthly expenses.

H. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 401(a), and the state of California under Revenue and Taxation Code Section 17501.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

I. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants or their beneficiaries. Benefits under the Plan are based on the participants' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death and disability - are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by actuaries from The Segal Company and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Due to the Plan's termination as of August 12, 2011 due to the withdrawal of the remaining contributing employer (see Notes 4 and 6), the valuation was designed to comply with ERISA Section 4281 and report the actuarial present value of accumulated plan benefits in accordance with the rules prescribed by the Pension Benefit Guaranty Corporation ("PBGC"). The significant actuarial assumptions were as of December 31, 2023 (if the actuarial assumptions for December 31, 2022 are different, they are discussed in [brackets]): (a) assumed average rate of return of 5.06% for twenty years following the valuation date, and 4.37% thereafter, as prescribed by ERISA Section 4281 for December 31, 2023 valuations [assumed average rate of return of 3.90% for twenty years following the valuation date, and 3.65% thereafter, as prescribed by ERISA Section 4281 for December 31, 2022 valuations], (b) mortality rates for healthy or disabled: rates published by the PBGC for 2023 under ERISA Section 4044 for healthy and disabled lives [rates published by the PBGC for 2022 under ERISA Section 4044 for healthy and disabled lives], (c) retirement age: earlier of early retirement or normal retirement eligibility (earliest age per ERISA Section 4281.12(b)), and (d) other assumptions (i.e., benefit election, percent married, age of spouse, adjustment for delayed retirement).

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FUNDING POLICY

The Board of Trustees had established a funding policy and method in order to promote the purpose of the Plan and to insure compliance with ERISA. Each employer contributed such amounts and at such times as were required by the applicable provisions of the collective bargaining agreements.

Contributions were based on hourly contribution rates and were made on a monthly basis throughout the year. The annual contributions for prior years satisfied the minimum funding requirements of ERISA.

NOTE 4 - TERMINATION OF THE PLAN

The Plan was terminated as of August 12, 2011 due to the withdrawal of the remaining contributing employer (see Note 6). The trustees intend to continue to maintain the Plan as a frozen plan and to pay all required pension benefits when due, to the extent that assets are available. The Plan sent a notice to the "PBGC" on September 9, 2011. As required by law, the Plan pays premiums to the PBGC to insure certain benefits under the Plan. The PBGC generally guarantees most vested normal and early retirement benefits as well as certain disability and survivor pensions.

NOTE 5 - ADMINISTRATION

The Plan is administered by Pacific Southwest Administrators ("PSWA") and charged the Plan the following monthly administration fee per participant:

\$7.25 for the period May 1, 2022 through April 30, 2023
\$7.47 for the period May 1, 2023 through April 30, 2024
\$7.69 for the period beginning May 1, 2024

In addition to administration fees, the Plan reimbursed PSWA \$3,468 and \$3,639 for the years ended December 31, 2024 and 2023, respectively, for fees and expenses it incurred in the administration of the Plan.

NOTE 6 - LAST CONTRIBUTING EMPLOYER

The last employer contributing to the Plan was Pactiv Corporation ("Pactiv").

Pactiv and the United Food and Commercial Workers Union, Local No. 1167 signed an agreement for the shutdown of the Pactiv facility in the City of Industry. This agreement was signed on November 16, 2010 and it terminated the employment of all of the active participants working for Pactiv in August 2011. A computation of Pactiv's withdrawal liability, redetermination liability, and reallocation liability ("total withdrawal liability") has been made by the Plan's actuary. Pactiv's total withdrawal liability was \$6,745,708 with annual payments of \$347,260, payable in quarterly installments of \$86,815, commencing on January 1, 2013. Contributions for withdrawal liability are recognized when received. Pactiv has paid total withdrawal liability of \$4,253,935 through December 31, 2024.

NOTE 7 - RISKS AND UNCERTAINTIES

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

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 - RISKS AND UNCERTAINTIES (Continued)

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8 - PLAN AMENDMENTS

The Board of Trustees approved Amendment No. One to the January 2015 Restatement of the Employers - Local 1167 Joint Pension Plan at their meeting on August 3, 2023. This amendment covers the "Annuity Starting Date", the "Prohibited Service", the "Suspension of Benefits upon Reemployment", the "Mandatory Commencement Date", the "Time and Manner of Distribution", and the "Requirements for Annuity Distribution that Commence During Participant's Lifetime".

The Board of Trustees approved Amendment No. Two to the January 2015 Restatement of the Employers - Local 1167 Joint Pension Plan at their meeting on November 21, 2023. This amendment codifies the Plan's prior benefit formulas.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 17, 2025, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN

FORM 5500

SCHEDULE H, PART IV, LINE 4

E.I.N. 95-6496242; PLAN NO. 001

SUPPLEMENTAL SCHEDULE REQUIRED
BY THE DEPARTMENT OF LABOR

DECEMBER 31, 2024



Independent Auditor's Report on Supplemental
Schedule Required by the Department of Labor

Board of Trustees
Employers - Local 1167 Joint Pension Plan
1055 Park View Drive, Suite 111
Covina, California 91724

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 17, 2025

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6496242; PLAN NO. 001
DECEMBER 31, 2024

Par Value	<u>Government Debt Securities</u>	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 200,000	Federal Home Loan Bank	1.500	02/18/31	\$ 165,412	\$ 200,000
28	Government National Mortgage Assoc.	4.000	03/20/25	28	30
9,626	Government National Mortgage Assoc.	6.000	04/17/34	9,754	10,925
6,535	Government National Mortgage Assoc.	5.500	09/20/34	6,622	7,107
21,767	Government National Mortgage Assoc.	5.500	09/20/34	21,786	23,725
50,000	Government National Mortgage Assoc.	5.500	05/20/37	50,946	59,031
75,000	Government National Mortgage Assoc.	5.750	08/20/38	75,836	93,000
10,982	Government National Mortgage Assoc.	5.000	05/20/39	11,014	11,847
13,205	Government National Mortgage Assoc.	4.500	02/20/41	12,957	13,750
36,631	Government National Mortgage Assoc.	2.500	11/20/42	31,051	36,917
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 385,406</u>	<u>\$ 456,332</u>

<u>Corporate Debt Securities</u>					
\$ 25,000	Ameren Illinois Co.	3.250	03/01/25	\$ 24,934	\$ 25,059
100,000	American Water Capital Corp.	3.750	09/01/28	96,150	100,581
150,000	Apple, Inc.	1.700	08/05/31	125,033	144,614
100,000	Apple, Inc.	4.300	05/10/33	97,639	99,967
50,000	Applied Materials, Inc.	3.300	04/01/27	48,721	51,184
50,000	Baltimore Gas & Electric Co.	2.400	08/15/26	48,244	48,151
50,000	Black Hills Corp.	3.150	01/15/27	48,253	48,222
100,000	Blackrock, Inc.	2.100	02/25/32	82,369	97,731
200,000	Caterpillar Financial Services Co.	2.400	08/09/26	193,494	196,858
61,000	Charles Schwab Corp.	3.200	03/02/27	59,077	59,911
80,000	Charles Schwab Corp.	3.200	01/25/28	76,567	77,069
100,000	Cintas Corp.	3.700	04/01/27	98,010	104,518
75,000	Duke Energy Corp.	3.150	08/15/27	72,029	75,445
50,000	Duke Energy Progress LLC	3.700	09/01/28	48,159	50,527
100,000	Home Depot, Inc.	2.800	09/14/27	95,805	98,201
100,000	Honeywell International, Inc.	4.500	01/15/34	95,441	98,165
100,000	John Deere Capital Corp.	5.100	04/11/34	99,826	99,519
100,000	Midamerican Energy Co.	3.100	05/01/27	96,733	101,526
100,000	Norfolk Southern Corp.	2.300	05/15/31	85,596	85,084
250,000	Northern Trust Corp.	3.150	05/03/29	234,178	251,481
100,000	Texas Instruments, Inc.	4.900	03/14/33	99,328	102,612
100,000	Texas Instruments, Inc.	4.850	02/08/34	98,374	98,580
97,000	Union Electric Co.	3.500	03/15/29	92,117	100,017
175,000	Union Pacific Corp.	2.400	02/05/30	155,335	145,750
<u>TOTALS - CORPORATE DEBT SECURITIES</u>				<u>\$ 2,271,412</u>	<u>\$ 2,360,772</u>

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6496242; PLAN NO. 001
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stocks</u>	<u>Fair Value</u>	<u>Cost</u>
104	Abbvie, Inc.	\$ 18,481	\$ 10,894
224	Alphabet, Inc.	42,403	6,264
194	Amazon.com, Inc.	42,562	20,067
251	Apple, Inc.	62,855	8,289
547	Bank of America Corp.	24,041	16,132
220	Broadcom, Inc.	51,005	10,993
262	Charles Schwab Corp.	19,391	17,245
157	Cheniere Energy, Inc.	33,735	9,593
97	Chevron Corp.	14,049	9,312
280	Comcast Corp.	10,508	14,582
61	Constellation Brands, Inc.	13,481	12,387
44	Danaher Corp.	10,100	2,323
125	Dell Technologies, Inc.	14,405	15,667
180	Diamondback Energy, Inc.	29,489	8,768
178	Disney (Walt) Co.	19,820	16,586
380	Dominion Resources, Inc.	20,467	20,241
123	EOG Resources, Inc.	15,077	15,175
169	Edwards Lifesciences Corp.	12,511	14,712
134	Expedia Group, Inc.	24,968	15,980
40	Goldman Sachs Group, Inc.	22,905	8,019
29	Home Depot, Inc.	11,281	7,092
181	Ingersoll Rand, Inc.	16,373	11,996
52	IQVIA Holdings, Inc.	10,219	9,897
102	JP Morgan Chase & Co.	24,450	8,749
22	Lockheed Martin Corp.	10,691	9,389
207	Lyondellbasell Industries N.V.	15,374	19,096
208	Marvell Technology, Inc.	22,974	9,812
39	Mastercard, Inc.	20,536	14,185
49	McDonald's Corp.	14,205	11,768
84	Microsoft Corp.	35,406	5,513
230	Molson Coors Brewing Co.	13,184	11,553
57	Motorola Solutions, Inc.	26,347	9,585
666	NVIDIA Corp.	89,437	2,702
656	Palantir Technologies, Inc.	49,613	14,543
122	Palto Alto Networks, Inc.	22,199	4,393
72	Qualcomm Corp.	11,061	9,616
155	Quanta Services, Inc.	48,988	5,199
56	Salesforce, Inc.	18,722	13,478
80	Snowflake, Inc.	12,353	13,768
24	Thermo Fisher Scientific, Inc.	12,485	2,899
75	Travelers Companies, Inc.	18,067	6,730
357	U.S. Bancorp.	17,075	17,125
362	Uber Technologies, Inc.	21,836	8,034
31	Ulta Beauty, Inc.	13,483	4,656
61	Union Pacific Corp.	13,910	3,563
35	United Health Group, Inc.	17,705	9,166
	<u>Forward</u>	<u>\$ 1,090,227</u>	<u>\$ 497,736</u>

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6496242; PLAN NO. 001
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stocks (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 1,090,227	\$ 497,736
162	Veralto Corp.	16,500	11,612
281	Verizon Communications, Inc.	11,237	14,886
194	Wal-Mart Stores, Inc.	17,528	6,064
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 1,135,492</u>	<u>\$ 530,298</u>

<u>Mutual Funds</u>			
7,938	First Trust Institutional PR	\$ 148,441	\$ 145,746
1,927	Ishares MSCI Emerging Markets ex China ETF	106,852	114,705
1,483	Ishares Core S&P Small Cap ETF	170,871	107,037
7,739	Ishares Russell Midcap Index ETF	684,128	478,062
1,656	Ishares S&P 500 Growth Index Fund ETF	168,134	58,407
2,331	T. Rowe Price Capital Appreciation Fund	80,690	57,803
12,176	T. Rowe Price Equity Income Fund	421,789	371,429
11,371	Vanguard Dividend Growth Fund	411,750	228,544
4,864	Vanguard Equity Income Fund	428,822	332,256
12,840	Vanguard FTSE Developed ETF	614,009	539,817
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 3,235,486</u>	<u>\$ 2,433,806</u>

<u>Face Value</u>	<u>Short Term Investment Fund</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>		
\$ 239,173	Blackrock BLF Liquidity FedFund	Var.	N/A	\$ 239,173	\$ 239,173

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
FORM 5500
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31	Ulta Beauty, Inc.	13,483	4,656
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35	United Health Group, Inc.	17,705	9,166
	<u>Forward</u>	\$ 1,090,227	\$ 497,736

EMPLOYERS - LOCAL 1167 JOINT PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6496242; PLAN NO. 001
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stocks (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 1,090,227	\$ 497,736
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281	Verizon Communications, Inc.	11,237	14,886
194	Wal-Mart Stores, Inc.	17,528	6,064
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 1,135,492</u>	<u>\$ 530,298</u>

<u>Mutual Funds</u>			
7,938	First Trust Institutional PR	\$ 148,441	\$ 145,746
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1,483	Ishares Core S&P Small Cap ETF	170,871	107,037
7,739	Ishares Russell Midcap Index ETF	684,128	478,062
1,656	Ishares S&P 500 Growth Index Fund ETF	168,134	58,407
2,331	T. Rowe Price Capital Appreciation Fund	80,690	57,803
12,176	T. Rowe Price Equity Income Fund	421,789	371,429
11,371	Vanguard Dividend Growth Fund	411,750	228,544
4,864	Vanguard Equity Income Fund	428,822	332,256
12,840	Vanguard FTSE Developed ETF	614,009	539,817
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 3,235,486</u>	<u>\$ 2,433,806</u>

<u>Face Value</u>	<u>Short Term Investment Fund</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>		
\$ 239,173	Blackrock BLF Liquidity FedFund	Var.	N/A	\$ 239,173	\$ 239,173