

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 2024 This Form is Open to Public Inspection
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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
1a	Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/07/1959
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) THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL NO. 58 - IBEW PO BOX 71337 MADISON HEIGHTS, MI 48071-0337
2b	Employer Identification Number (EIN) 38-6080404
2c	Plan Sponsor's telephone number 586-575-9200
2d	Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	E CRAIG YOUNG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 8466
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) 3028 6a(2) 3182 6b 2888 6c 1529 6d 7599 6e 805 6f 8404 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 223

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:

4L 4H

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

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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST	D Employer Identification Number (EIN) 38-6080404

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 866988496
(2) Actuarial value of assets for funding standard account	1b(2) 905965148
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1034482107
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 979716087
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1623833675
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 31289552
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 70166130
(3) Expected plan disbursements for the plan year	1d(3) 71137931

Statement by Enrolled Actuary

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

SIGN HERE	09/05/2025
Signature of actuary KATHRYN GARRITY	Date 23-05379
Type or print name of actuary UNITED ACTUARIAL SERVICES, INC	Most recent enrollment number 317-580-8668
Firm name 11590 N MERIDIAN ST, STE 610 CARMEL, IN 46032-4529	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	866988496
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3466	824871251
(2) For terminated vested participants	1458	189057433
(3) For active participants:		
(a) Non-vested benefits		131435090
(b) Vested benefits		478469901
(c) Total active	2914	609904991
(4) Total	7838	1623833675
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.39 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	71566155				
			Totals ►	3(b)	71566155
				3(c)	
				3(d)	11734

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 11734

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	92.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.77 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	AF	AF
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.3 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	989144	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8612491	895656

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	8508815

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	495650893	78681265
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 6321283**e** Total charges. Add lines 9a through 9d.....**9e** 93511363**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 297092474**g** Employer contributions. Total from column (b) of line 3.....**9g** 71566155**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 25390327**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

	Outstanding balance	
9h	70041460	17335875
9j(1)	507395579	
9j(2)	569093470	
9j(3)		

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 411384831**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 317873468**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST	D Employer Identification Number (EIN) 38-6080404	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CLOVERLAY FUND	101 WEST ELM ST, STE. 425 CONSHOHOCKEN, PA 19428

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ENTRUST GLOBAL	375 PARK AVE, 24TH FL NEW YORK, NY 10152

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS GROUP	200 WEST ST NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARTFORD FUNDS	690 LEE RD. WAYNE, PA 19087

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

MCMORGAN & COMPANY
ONE FRONT ST, STE 500
SAN FRANCISCO, CA 94111

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

HAMILTON LANE
ONE PRESIDENTIAL BLVD, 4TH FLOOR
BALA CYNWYD, PA 19004

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

CARLYLE GROUP
1001 PENNSYLVANIA AVE N.W.
STE 220 SOUTH
WASHINGTON, DC 20004

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

SIGULER GUFF
825 THIRD AVE.
10TH FLOOR
NEW YORK, NY 10022

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

TOWNSEND GROUP
1255 BROAD ST
1ST FLOOR
CLIFTON, NJ 07013

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

PENN SQUARE GLOBAL R/E FD II

26-2590335

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

ALLIANZ FUNDS
1633 BROADWAY
NEW YORK, NY 10109

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

AMERICAN REALTY ADVISERS
801 N BRAND BLVD
800
GLENDALE, CA 91203

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

VANGUARD GROUP INC

PO BOX 2900
VALLEY FORGE, PA 19482-2900

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

METROPOLITAN REAL ESTATE

299 PARK AVENUE, 35TH FLOOR
NEW YORK, NY 10171

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

DAKOTA FUNDS GROUP

PO BOX 460
BRYN MAWR, PA 19010

45-2251446

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

OAKTREE CAPITAL MANAGEMENT, L.P.

333 SOUTH GRAND AVE., 28TH FL
LOS ANGELES, CA 90071

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

PIMCO INVESTMENTS LLC

1633 BROADWAY
NEW YORK, NY 10019

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

FIDELITY CONCORD STREET TRUST

82 DEVONSHIRE ST
BOSTON, MA 02109

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

PUTNAM INVESTMENTS

P O BOX 219697
KANSAS CITY, MO 64121

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

BOYD WATTERSON ASSET MGMT

1301 EAST 9TH ST., STE 2900
CLEVELAND, OH 44114

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)

MORGAN STANLEY

34901 WOODWARD AVE, 300
BIRMINGHAM, MI 48009

94-1671384

(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 50 62	NONE	481964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARKSTON CAPITAL PARTNERS

91 W LONG LAKE
BLOOMFIELD HILLS, MI 48304

(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 50	NONE	405055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY

P O BOX 7247-6804
PHILADELPHIA, PA 19170

04-1554520

(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 50	NONE	212140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAMLIN CAPITAL MANAGEMENT, LLC

477 MADISON AVE. 520
NEW YORK, NY 10022

52-2344187

(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 50	NONE	415932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

411 W LAFAYETTE
DETROIT, MI 48226

42-1741646

(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?
50 49 19 18 72 62 59	NONE	80258	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RACHEL RUPARD

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-6080404

(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?
30 50	EMPLOYEE (WAGES PAID)	78750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEIZERT CAPITAL PARTNERS

185 OAKLAND AVE STE 100
BIRMINGHAM, MI 48009

35-3553488

(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 50	NONE	140777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BETTYE NAEGLI

PO BOX 71337
MADISON HEIGHTS, MI 48071

38-6080404

(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?
30 50	EMPLOYEE (WAGES PAID)	80000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATKINS PAWLICK CALATI & PRIFTI, PC

1423 E 12 MILE
MADISON HEIGHTS, MI 48071

(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	49857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

E CRAIG YOUNG

PO BOX 71337
MADISON HEIGHTS, MI 48071

38-6080404

(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?
30 50	EMPLOYEE (WAGES PAID)	71860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCLAIN SMITH & WENZ PC

6915 ROCHESTER RD STE 100
TROY, MI 48085

38-3382520

(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	AUDITOR OF PARENT ORGANIZ	53322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES INC

11590 MERIDIAN ST STE 610
CARMEL, IN 46032

35-2156428

(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	34900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SOLXSYS ADMINISTRATIVE SOLUTIONS

56 NEW KING ST, 330
TROY, MI 48098

(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	28821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADISON INVESTMENTS

550 SCIENCE DRIVE
MADISON, WI 53711

(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 50	NONE	77096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUXIOM

929 W UNIVERSITY DR, 200
ROCHESTER, MI 48307

(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?
50 15	NONE	15262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZENWORKS

1 EAST CENTER ST. 250
FAYETTEVILLE, AR 72701

(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	18181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACQUEEN INSURANCE

415 S. WEST ST.,
ROYAL OAK, MI 48067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	7285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST				D Employer Identification Number (EIN) 38-6080404	
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: LOOMIS CORE PLUS FULL DISCRETIO					
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY					
c EIN-PN 84-6391546-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89313265	
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)	
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			

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST		D Employer Identification Number (EIN) 38-6080404

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7842534	6064957
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4504000	4102000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	857806	3076845
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6118371	8054908
(2) U.S. Government securities	1c(2)	13813595	19462618
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	11155650	10266614
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	121763588	134742871
(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)	82819267	89313265
(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)	279157475	318893633
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	360452773	328689259

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	888485059	922666970
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	383631	380602
i Acquisition indebtedness	1i		
j Other liabilities	1j	20950392	2297369
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21334023	2677971
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	867151036	919988999

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)	71554421	
(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)		71554421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4629052	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4629052
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3333513	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8763441	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		12096954
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	87930569	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	81093303	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6837266
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	34107583	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		129225276

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73485576	
(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)		73485576
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)	284390	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	53322	
(5) Investment advisory and investment management fees	2i(5)	1732964	
(6) Bank or trust company trustee/custodial fees	2i(6)	80258	
(7) Actuarial fees	2i(7)	34900	
(8) Legal fees	2i(8)	49857	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	666046	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2901737
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76387313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		52837963
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: **MCCLAIN SMITH & WENZ PC**

(2) EIN: **38-3382520**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		288118791
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

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 537855.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS PENSION TRUST				D Employer Identification Number (EIN) 38-6080404	
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	6
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **MOTOR CITY ELECTRIC**

b EIN **38-1405142**

c Dollar amount contributed by employer **14044027**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **SUPERIOR ELECTRIC GREAT LAKES**

b EIN **31-1330769**

c Dollar amount contributed by employer **11170684**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **CONTI ELECTRIC**

b EIN **38-1884765**

c Dollar amount contributed by employer **5448283**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **CENTER LINE ELECTRIC**

b EIN **38-1532570**

c Dollar amount contributed by employer **4029063**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **SHAW ELECTRIC**

b EIN **38-1469809**

c Dollar amount contributed by employer **3974055**

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 **06** Day **28** Year **2005**

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) **12.00**

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

a Name of contributing employer **TRIANGLE ELECTRIC**

b EIN **38-1110070**

c Dollar amount contributed by employer **1969122**

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 **06** Day **28** Year **2025**

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) **12.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **FERNDAL ELECTRIC**

b EIN **38-1707341**

c Dollar amount contributed by employer **1528038**

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 **06** Day **28** Year **2005**

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) **12.00**

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

a Name of contributing employer **LAKE ERIE ELECTRIC OF MI**

b EIN **34-1487133**

c Dollar amount contributed by employer **1368678**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **ADVANTAGE ELECTRIC AND CONTROLS**

b EIN **38-3453245**

c Dollar amount contributed by employer **1305516**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer **HATZEL BUEHLER ELEC**

b EIN **13-0828930**

c Dollar amount contributed by employer **1270254**

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 **06** Day **28** Year **2025**

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) **12.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

10

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

14b

10

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

14c

10

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

1.01

b The corresponding number for the second preceding plan year.....

15b

1.05

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: 45.7 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 22.5 %

High-Yield Debt: _____ % Real Assets: 18.4 % Cash or Cash Equivalents: _____ % Other: 13.4 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	38-6080404	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25				13		137
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	38-6080404	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

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

Name of Plan	ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	38-6080404	PN	001

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2024 This Form is Open to Public Inspection
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Name of Plan	ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58 - IBEW							
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	38-6080404	PN	001	

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024			

[illegible]

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
WARREN, MICHIGAN

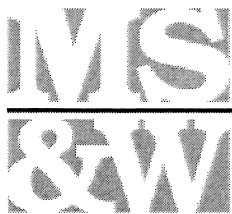
FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
WARREN, MICHIGAN

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McClain, Smith & Wenz, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA
Bryan L. Wright, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Electrical Workers' Pension Trust Fund
of Local Union No. 58 - I.B.E.W

Opinion

We have audited the accompanying financial statements of the Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W., 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 Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W. 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 (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 Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W 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 Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W'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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W.'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 Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W.'s ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment at end of year, 2024, is presented for purposes 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.



August 15, 2025

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
U.S. and foreign government securities	\$ 19,462,618	\$ 13,813,595
Corporate bonds and bond funds	138,041,296	130,013,881
Common stocks and equity funds	415,175,086	364,882,099
Real estate investments	166,895,795	156,854,884
Hedge funds	26,276,528	30,250,439
Private equity partnerships	94,946,468	103,962,600
Short term funds	<u>47,319,884</u>	<u>55,664,438</u>
Total investments	908,117,675	855,441,936
Receivables:		
Employers' contributions	4,102,000	4,504,000
Accrued interest and dividends	731,842	695,266
Other	<u>2,345,003</u>	<u>162,540</u>
Total receivables	7,178,845	5,361,806
Cash	6,064,957	7,842,534
Cash equivalents - securities lending	<u>1,305,493</u>	<u>19,838,783</u>
Total assets	922,666,970	888,485,059
Liabilities:		
Accounts payable	380,602	383,631
Accounts payable - pending trades - net	0	755,814
Payables under securities lending program	1,305,493	19,838,783
Reciprocity and other transfers	<u>991,876</u>	<u>355,795</u>
Total liabilities	<u>2,677,971</u>	<u>21,334,023</u>
Net assets available for benefits	<u>\$ 919,988,999</u>	<u>\$ 867,151,036</u>

See accompanying notes.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>%</u>	<u>2023</u>	<u>%</u>
Additions to net assets:				
Investment income:				
Net appreciation				
(depreciation) in fair				
value of investments	\$ 40,944,849	32.1	\$ 52,624,140	38.6
Interest	4,629,052	3.6	3,527,425	2.6
Dividends	<u>12,096,954</u>	<u>9.5</u>	<u>11,759,139</u>	<u>8.6</u>
	57,670,855	45.3	67,910,704	49.8
Less: investment expense	<u>(1,813,222)</u>	<u>(1.4)</u>	<u>(1,763,453)</u>	<u>(1.3)</u>
	<u>55,857,633</u>	<u>43.8</u>	<u>66,147,251</u>	<u>48.5</u>
Contributions:				
Employers	70,430,575	55.3	71,160,580	52.2
Employers' overtime	<u>3,378,487</u>	<u>2.7</u>	<u>1,951,164</u>	<u>1.4</u>
	73,809,062	57.9	73,111,744	53.7
Less: reciprocity	<u>(2,254,641)</u>	<u>(1.8)</u>	<u>(2,997,880)</u>	<u>(2.2)</u>
	<u>71,554,421</u>	<u>56.2</u>	<u>70,113,864</u>	<u>51.5</u>
Total additions	127,412,054	100.0	136,261,115	100.0
Benefits paid to participants:				
Retirement	62,565,556	49.1	56,711,586	41.6
Disability	2,883,506	2.3	1,889,178	1.4
Widows	7,995,983	6.3	7,605,291	5.6
Termination settlements	<u>40,531</u>	<u>0.0</u>	<u>135,540</u>	<u>0.1</u>
	73,485,576	57.7	66,341,595	48.7
Administrative expenses	<u>1,088,515</u>	<u>0.9</u>	<u>1,061,881</u>	<u>0.8</u>
Total deductions	<u>74,574,091</u>	<u>58.5</u>	<u>67,403,476</u>	<u>49.5</u>
Net increase (decrease)	52,837,963	<u>41.5</u>	68,857,639	<u>50.5</u>
Net assets available for benefits:				
Beginning of year	<u>867,151,036</u>		<u>798,293,397</u>	
End of year	<u>\$ 919,988,999</u>		<u>\$ 867,151,036</u>	

See accompanying notes.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 583,402,585
Expenses on participants currently receiving benefits	8,751,039
Other participants	328,146,629
Expenses on other participants	<u>4,922,199</u>

Total vested	925,222,452
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Non-vested accumulated benefits	68,166,873
Expenses on non-vested benefits	<u>1,022,503</u>

Total non-vested	<u>69,189,376</u>
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Actuarial present value of accumulated plan benefits	<u>\$ 994,411,828</u>
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STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 980,134,314
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Increase (decrease) during the year attributable to:

Plan amendment	-
Change in actuarial assumptions	-
Benefits accumulated and experience gain or (loss)	10,621,252
Interest due to decrease in discount period	71,059,738
Benefits paid	(66,341,595)
Operational expenses paid	<u>(1,061,881)</u>

Net increase	<u>14,277,514</u>
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Actuarial present value of accumulated plan benefits at end of year	<u>\$ 994,411,828</u>
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See accompanying notes.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note A - Plan description

The Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W., (the "Fund") is a defined benefit plan that covers substantially all members of IBEW Local 58 who participate in the collectively-bargained inside agreement. The Fund has published and distributed to all participants and beneficiaries the Summary Plan Description (the "SPD") (revised September 1, 2024) describing in layman's language the many provisions of the Plan, including the insurance coverage by the Pension Benefit Guaranty Corporation in the event the Plan is terminated. The SPD invites the participants to contact the Fund Office for answers to any questions regarding the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants of the Fund and participants of other benefits plans may have temporary employment assignments outside the jurisdiction of their local union. The Fund has entered into reciprocal agreements with other affiliated locals to forward employer contributions to their home local benefit funds when participants have worked outside their jurisdiction. Reciprocal contributions received and reciprocal contributions paid are recorded in the statements of changes in net assets available for benefits.

The January 1, 2024 actuarial valuation report states the minimum funding requirements of ERISA have been met, and the period for funding the unfunded actuarial liability was four years, down from five years from the January 1, 2023 report.

Note B - Summary of significant accounting policies

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

Valuation of investments and income recognition – Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes realized and unrealized gains.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of benefits – Benefits are recorded when paid.

Actuarial present value of accumulated plan benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable to the employers' contributions made to the Plan on behalf of the participants. Accumulated plan benefits include benefits expected to be paid and a related operational expense load to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' accumulated hours of employer contributions to the Plan. Benefits payable under all circumstances (retirement, death, disability, and termination of service) include all service hours, deemed attributable to participants, rendered to the valuation date. The actuarial present value of accumulated plan benefits was determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of benefit payments between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were (a) life expectancy of participants (100%/110% PRI-2012 Blue Collar Mortality Table for males/females using the MP-2021 projection scale was chosen) (b) retirement age assumptions (it is assumed the average expected retirement age for active participants is 60.3) (c) investment return (the assumed average rate of return was 7.25 %), (d) a future hourly average contribution rate of \$12 per hour and (e) future hours worked of 1,650 per year. Assumptions (b) and (d) were changed from the prior year valuation.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note B - Summary of significant accounting policies (continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Employers' Contributions Receivable – Employers' contributions receivable is based on subsequent cash receipts. Management believes all employer contributions are fully collectible and that no allowance for credit losses is necessary.

Note C – Subsequent events

Management has evaluated subsequent events through August 15, 2025 the date the financial statements were available to be issued.

Note D - Funding policy

Employers who have entered into collective bargaining agreements with the Union are required to make contributions to the Plan at a rate of \$12 per hour that pay the full cost of providing benefits under the Plan. A new contribution was designated on overtime hours where 30% of the hourly contribution rate would be added on top of the regular contribution rate and this amount would go solely to the Pension Fund credited toward offsetting unfunded liabilities (no credit to the participant).

Note E - Derivative financial instruments

The Board of Trustees has established an investment policy which prescribes the uses of derivative instruments by investment managers. This investment policy explains that unless a specific type of derivative is expressly and specifically permitted, any investment manager must seek affirmative permission from the Board of Trustees. The Board of Trustees has allowed the use of derivative instruments to partially hedge foreign currency exposure.

The Fund hedges against short-term currency fluctuations in foreign securities by purchasing foreign currency contracts. There were no gains or losses on these contracts for the years December 31, 2024 and 2023, respectively. There were no foreign currency contracts outstanding at December 31, 2024 and 2023.

Note F – Portfolio securities lending program

The Fund engages in securities lending whereby marketable equity and debt securities (common stocks, U.S. Treasury securities and corporate bonds) in its portfolio are loaned to other institutions (generally for short periods of time) with fees earned for participating in this program administered by the Fund's custodian, Comerica Bank (the lending agent). By the end of the business day on which securities are delivered to the borrower, collateral equal to 102 percent of the market value of a loaned U. S. security and/or 105 percent of a non-U. S. security, including any accrued interest, is obtained from the borrower. Securities lending income is recorded as interest income on the accompanying statements of changes in net assets available for plan benefits.

In accordance with FASB ASC Topic 860-30, *Transfers and Servicing*, the Fund accounts for its securities lending transactions as secured borrowings, in which the collateral received and the related obligation to return the collateral are recorded in the statement of net assets available for plan benefits at fair value.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note F – Portfolio securities lending program (continued)

Additionally, the securities on loan at year-end are reflected as cash equivalents - securities lending. The market value at December 31, 2024 and 2023 of the securities loaned by investment type is summarized as follows:

Market value of securities loaned:	<u>2024</u>	<u>2023</u>
Equity and debt securities	<u>\$ 1,276,533</u>	<u>\$ 19,270,752</u>

Although the Fund's securities lending program involves certain credit risks, the Board of Trustees believes that the high quality of the collateral received (primarily cash and money market instruments) mitigate the likelihood of material losses under these arrangements.

Note G - Investments

The Fund's investments are held for safekeeping by the trust department of Comerica Bank. The Board of Trustees has executed contracts with designated investment managers with authority to act within certain investment policies.

Note H - Risks and uncertainties

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

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

Note I – Related party and party in interest transactions

The costs associated with administering all the Electrical Workers' Joint Board of Trustees benefit funds are allocated among the related funds in what management believes is an equitable manner. The employees of the Electrical Workers' Insurance Fund (EWIF) perform record keeping services, and the Pension Fund is charged for these services. The common costs for which the EWIF charged the Pension Fund for the years ended December 31, 2024 and 2023 were \$643,600 and \$648,132, respectively, and are included in the statement of changes in net assets available for benefits. There was \$58,573 payable to the EWIF at December 31, 2024, and \$60,450 payable to the EWIF at December 31, 2023.

The Fund collected administrative service fees from the related funds for the years ended December 31, 2024 and 2023.

ERISA defines a party in interest to include, among others, fiduciaries or employees of the Fund, and any person who provides services to the Fund. Four Board of Trustees members are currently plan participants, as is the benefit director and all other employees of the EWIF. Fees paid by the Fund for legal, accounting, actuarial, computing and other administrative expense services for the years ended December 31, 2024 and 2023 were party in interest transactions, which are exempt from prohibited transaction rules.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note J - Federal income tax status

The Fund has been determined to be exempt from Federal Income Tax, except for net income derived from unrelated business activities. Management believes that they have appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements. The Internal Revenue Service has determined and informed the Fund by a letter dated June 5, 2015 that the Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W. is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, management and legal counsel believe that the Fund continues to qualify and to operate as designed.

The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note K - Plan termination

In the event the Plan terminates, the net assets of the plan will be allocated in accordance with federal statutes and related regulations, which requires under certain circumstances that benefits may be reduced. The federal government has created the Pension Benefit Guaranty Corporation (PBGC) (a U. S. government agency) for the purpose of insuring certain benefits under certain circumstances if a pension plan terminates. The Plan pays a premium for each participant to the PBGC, but special provisions of the law govern the extent to which benefits are insured by the PBGC. A narrative of the limits of PBGC coverage is described in the SPD.

Note L - Plan Amendment

The Trustees, at their September 11, 2024 meeting, agreed to amend the Plan, subject to the approval of the Parent Organizations, to increase the future service credit to \$5.40 from \$5.10 per 100 hours worked, and a corresponding 6 percent increase to all retirees and beneficiaries in pay status, effective January 1, 2025.

Note M - Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* establish a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. When available, the Fund measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs, the lowest priority, are utilized when Level 1 or Level 2 inputs are not available. The three levels are described as follows:

Level 1 — The fair values of investments are based on quoted market prices in active markets for identical securities.

Level 2 — Prices determined using other significant observable inputs. Observable inputs that other market participants would use in pricing a security, including quoted prices for similar securities in active markets.

Level 3 — Prices determined using significant unobservable inputs.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level of the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

Following is a description of the valuation methodologies used for assets at fair value.

Common stocks and equity funds: Valued at the closing price reported on major stock exchanges. Certain mutual funds are valued at the closing price reported in the active market the mutual fund is traded. Other equity funds are valued at the net asset value of their underlying assets.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Short term funds: The short-term funds are considered cash equivalents.

Corporate and foreign government bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Corporate bond collective trust: This collective trust's value is based on the net asset value of its underlying assets.

Private equity partnerships: These investments are valued at the net asset value of the respective partnership.

Hedge funds: These investments are valued at the net asset value of the respective partnerships. Valued based primarily on audited financial statements provided to the individual fund managers and the Plan. Such market value estimates involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction.

Real estate investments: They include investments in an open-ended, comingled real estate fund which invest in real estate loans and properties, real estate investment trusts ("REIT"), and limited partnerships which invest in real estate private equity funds. Fair values are estimated based upon income, cost and sales comparison, external appraisals and net asset values of underlying real estate partnerships. Other investments are valued at the net asset value of the respective partnership. Determination of the fair value is determined by the general partner by means of a valuation of each portfolio investment, conducted at least annually. Fair value is based on the best information available and is determined by reference to information including projected sales, net earnings, earnings before interest, taxes, depreciation and amortization, balance sheets, public or private transactions, and/or other measures, including restrictions on disposition.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

The Fund's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
<u>December 31, 2024</u>				
U.S. and foreign government securities	\$ 19,462,618	\$ 19,355,104	\$ 107,514	
Corporate bonds and bond funds	138,041,296	38,461,419	99,579,877	
Common stocks and equity funds	415,175,086	415,175,086	-	
Short term funds	47,319,884	8,054,908	39,264,976	
Measured at net asset value:				
Real estate investments	166,895,795			
Hedge funds	26,276,528			
Private equity partnerships	94,946,468			
	<u>\$ 908,117,675</u>	<u>\$ 481,046,517</u>	<u>\$ 138,952,367</u>	<u>\$ -</u>
Cash equivalents - securities lending	<u>\$ 1,305,493</u>	<u>\$ 1,305,493</u>	<u>\$ -</u>	<u>\$ -</u>
 <u>December 31, 2023</u>				
U.S. and foreign government securities	\$ 13,813,595	\$ 11,909,540	\$ 1,904,055	
Corporate bonds and bond funds	130,013,881	36,038,964	93,974,917	
Common stocks and equity funds	364,882,099	364,882,099	-	
Short term funds	55,664,438	6,118,371	49,546,067	
Measured at net asset value:				
Real estate investments	156,854,884			
Hedge funds	30,250,439			
Private equity partnerships	103,962,600			
	<u>\$ 855,441,936</u>	<u>\$ 418,948,974</u>	<u>\$ 145,425,039</u>	<u>\$ -</u>
Cash equivalents - securities lending	<u>\$ 19,838,783</u>	<u>\$ 19,838,783</u>	<u>\$ -</u>	<u>\$ -</u>

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

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

The following table summarizes the Plan's investments in certain entities that calculate net asset value per share as fair value measurement as of December 31, 2024 and 2023 by investment strategy:

	Fair Value		Unfunded	Redemption	
	2024	2023	Commitment	Frequency	Notice
a. Real estate investment partnership	\$ 36,503,053	\$ 37,874,749	\$ -	quarterly	1-90 days
b. Real estate investment partnership	671,390	796,421	5,850,000	illiquid	-
c. Real estate investment partnership	4,288,025	4,582,821	619,950	illiquid	-
d. Real estate investment partnership	14,526,721	19,197,685	8,800,000	illiquid	-
e. Real estate investment partnership	2,503,775	3,345,827	919,541	illiquid	-
f. Real estate investment partnership	6,184,877	6,352,062	2,178,000	illiquid	-
g. Real estate investment partnership	12,358,169	13,169,842	3,576,905	illiquid	-
h. Real estate investment partnership	41,985,266	41,739,317	11,186,913	illiquid	-
i. Real estate investment trust	15,729,531	15,278,333	-	quarterly	60 days
j. Real estate investment partnership	13,607,602	14,517,829	-	quarterly	60 days
k. Real estate investment partnership	18,537,388	-	-	quarterly	60 days
l. Private equity partnership	6,190,329	7,299,728	3,646,713	illiquid	-
m. Private equity partnership	2,223,504	2,183,586	302,985	illiquid	-
n. Private equity partnership	16,253,275	16,381,537	2,643,811	illiquid	-
o. Private equity partnership	26,867,614	28,172,641	17,988,038	illiquid	-
p. Private equity partnership	16,924,452	20,793,507	3,728,267	illiquid	-
q. Private equity partnership	5,496,916	5,822,783	9,303,508	illiquid	-
r. Private equity partnership	20,990,376	23,308,816	8,515,848	illiquid	-
s. Hedge fund	1,231,335	1,424,329	-	illiquid	-
t. Hedge fund	25,045,193	28,826,110	-	illiquid	-
	<u>\$ 288,118,791</u>	<u>\$ 291,067,923</u>	<u>\$ 79,260,479</u>		

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

- a. The partnership was formed as an open-ended investment fund with a permanent existence, subject to termination with an amended partnership agreement. The Fund has been organized to allow Taft-Hartley plans to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or function obsolescence.
- b. The partnerships were formed to acquire, hold, manage and dispose of investment in real estate private equity funds for income and capital appreciation. They will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the partnership agreement.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

- c. The partnership is a "feeder fund" to accommodate structuring requirements of tax exempt investors to invest in an underlying fund. The underlying fund invests in private office, apartment and other commercial real estate, or real estate securities in the U.S., Europe and Asia. The partnership expires on June 30, 2030 unless extended by the General Partner.
- d. The partnerships were formed to acquire, hold, manage and dispose of investment in real estate private equity funds for income and capital appreciation. They will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the partnership agreement.
- e. The partnership invests in pooled investment vehicles. Investments typically involve equity interests in commercial properties and may also include interests in commercial mortgage-backed securities as well as debt and equity securities of real estate operating companies and REITs. The partnership will continue until August 30, 2025, but can be extended three additional years, or dissolved sooner in accordance with the partnership agreement.
- f. The partnership invests in joint ventures, separate accounts or other forms of direct investment. Investments typically focus on real property interests, including equity interests in commercial properties, commercial mortgages, commercial mortgage-backed securities, bank loans and debt and equity securities of real estate operating companies and REITs in the United States and Europe. The partnership will continue until October 30, 2025, but can be extended two additional years, or dissolved sooner in accordance with the partnership agreement.
- g. The partnership is a "feeder fund" to accommodate structuring requirements of tax exempt investors to invest in an underlying fund. The underlying fund invests in private office, apartment and other commercial real estate, or real estate securities in the U.S., Europe and Asia. The partnership expires on December 21, 2028 unless extended by the General Partner.
- h. The partnership was formed primarily for the purposes, directly or indirectly, through one or more subsidiaries, to (a) acquire, improve, maintain, own, operate, manage, finance, refinance, hold, divide, aggregate, grant options with respect to, sell, reposition, exchange and otherwise deal in and with portfolio investments, (b) acquire, hold and dispose of interim investments, and (c) engage in any other activities necessary, related to investing in large-scale infrastructure projects. The partnership shall continue until the later of (i) the 15th anniversary of the closing of the last portfolio investment, or (ii) the date upon which the partnership has sold its interest in the last portfolio investment.
- i. The REIT invests in real estate properties leased to entities that are supported, directly or indirectly by the government. Redemptions or 'share repurchases' in the REIT are permitted on a quarterly basis, with a required notice period each quarter. Shares are redeemed at the Share NAV as of the last day of the applicable calendar quarter. Each REIT is subject to a standard quarterly limitation to repurchase no more than 5% of outstanding shares.
- j. The partnership was formed to operate with a permanent existence, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to state government agencies. Real estate within the partnership is valued at estimated fair value. The fair value of this investment has been estimated using the net asset value per unit of the investment. Partial redemption of units are only permitted in increments of \$250,000, unless waived by the general partner.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

- k The partnership was formed to operate with a permanent existence, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies. Real estate within the partnership is valued at estimated fair value. The fair value of this investment has been estimated using the net asset value per unit of the investment. Partial redemption of units are only permitted in increments of \$250,000, unless waived by the general partner.
- l. The partnership is a feeder fund in a master-feeder structure whereby the partnership invests substantially all of its assets in a private equity fund (the "Main Fund"), a Delaware limited partnership. The Main Fund, in turn, makes investments in primary partnership investments, co-investments and secondary transactions. The partnership expires on October 26, 2026 unless extended by the General Partner.
- m The partnership's primary activity is to invest in mezzanine investments in companies and projects providing products and services throughout the entirety of the energy value chain. The partnership is scheduled to terminate on June 30, 2026, unless extended or dissolved sooner in accordance with the partnership agreement.
- n The partnership's primary activity is to invest on an opportunistic basis in the equity, debt, and other instruments of operationally sound, financially distressed companies in accordance with the amended and restated limited partnership agreement. The partnership is scheduled to terminate on June 29, 2027, unless extended or dissolved sooner in accordance with the partnership agreement.
- o The partnerships' investment objectives range from seeking to realize long-term compounded returns by providing capital to private equity investors, acquiring portfolios of private equity assets providing liquidity and capital across all private equity strategies and geographies, realize long-term compounded returns on capital invested in distressed situations, principally invest in traditional secondaries, non-traditional secondaries and other opportunistic secondary investments, including underlying portfolio companies, swaps, options and forward currency contracts, to finding top-tier managers and risk balancing rather than asset allocation to generate the highest returns by choosing unlike strategies. The partnerships will continue in existence until one year after the date by which all investments have been liquidated and all obligations have been terminated, unless extended or dissolved sooner in accordance with the partnership agreements, but in no event shall the partnerships extend beyond the fifteenth anniversary of their formation.
- p The partnership's objective is to generate attractive long-term rates of return through opportunistic private market investments across a range of strategies focused on tangible and intangible assets globally. The offshore partnership is an exempted limited partnership formed in accordance with the laws of the Cayman Islands. The partnership is scheduled to terminate on September 12, 2030, subject to extension with written consent of the majority of its aggregate interests.
- q The partnership is a "feeder fund" that invests in the main fund. The partnership's primary purpose is to (i) identify potential investments, (ii) acquire, hold, finance, manage, and dispose of investments, and (iii) to invest in accordance with the terms of the partnership's in the private credit market. The partnership will terminate upon the dissolution of the main fund, unless otherwise dissolved.

ELECTRICAL WORKERS' PENSION TRUST FUND
OF LOCAL UNION NO. 58 - I.B.E.W.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note M - Fair value measurements (continued)

- r The partnership is a "feeder fund" that invests in the master fund. The partnership's investment objective is to achieve private equity returns while taking less than commensurate risk by obtaining significant influence of primarily middle-market companies through the purchase of distressed debt at a discount, structured equity investments, and/or direct equity investment in distressed entities. The partnership is an exempted limited partnership formed in accordance with the laws of the Cayman Islands. The partnership will terminate on April 24, 2028, unless extended or terminated earlier in accordance with the partnership agreement.
- s The fund's objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investments managers selected by the General Partner. The General Partner has decided to cease the investment operations of the partnership on December 14, 2020, resulting in the liquidation basis of accounting being used. The change in basis of accounting did not result in any meaningful difference in fair value .
- t Through its investment in its master fund, the Fund seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.

Note N - Net appreciation in the market value of investments

During 2024 and 2023 the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

	<u>2024</u>	<u>2023</u>
Determined by quoted market price	\$ 48,930,015	\$ 53,910,849
At estimated fair value	<u>(7,985,166)</u>	<u>(1,286,709)</u>
Total	<u>\$ 40,944,849</u>	<u>\$ 52,624,140</u>

Note O - Accounting Pronouncement

Effective January 1, 2023, the Fund adopted ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which modifies the measurement of expected credit losses on certain financial instruments. The Fund has adopted this new guidance utilizing the modified retrospective transition method. Topic 326 requires measurement and recognition of expected versus incurred losses for financial assets held. Financial assets held by the Fund that are subject to the guidance in ASU 2016-13 are employer contributions receivable and cash equivalents - securities lending. The impact of the adoption was not considered material to the financial statements and primarily resulted in new/enhanced disclosures only.

SUPPLEMENTAL INFORMATION

ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58-I.B.E.W.
EIN 38 6080404 PLAN NO. 001 12/31/2024

SPONSOR :
BOARD OF TRUSTEES OF THE
ELECTRICAL WORKERS PENSION TRUST FUND OF LOCAL UNION NO. 58-I.B.E.W.

SCHEDULE R, LINE 13e - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

<u>CONTRIBUTION RATE</u>	<u>BASE UNIT MEASURE</u>
\$ 12.00	HOURLY
\$ 6.37	HOURLY

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached January 1, 2024 PPA certification.

[illegible]

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2024
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.25% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.25% per year net of investment expenses
<i>Current liability</i>	2.77% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$1,025,000 in the 2024 plan year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 1.50% load was applied to the accrued liabilities for 2024 (1.50% for 2023).
Load for pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.8%; liabilities for retired participants' receiving a joint and survivor form of benefit increased 2.1%.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For Male annuitants, a 100% multiplier was used. For female annuitants, a 110% multiplier was used.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

70% of the T-3 Turnover Table from The Actuary's Pension Handbook (less GAM 51 mortality) modified with select rates of 15% for one year or less of service and 10% for two years of service – specimen rates shown below:

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0258
30	.0237
35	.0219
40	.0188
45	.0158
50	.0075

No withdrawal assumed after participant reaches early retirement age.

Disability

Specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>	<u>Age</u>	<u>Disability Rate</u>
25	.0004	45	.0018
30	.0006	50	.0030
35	.0007	55	.0076
40	.0011	60	.0122

Retirement

Active lives

According to the following schedule:

<u>Age</u>	<u>Eligible for Index 85</u>	<u>Ineligible for Index 85</u>
55	.15	.03
56	.25	.01
57	.20	.01
58	.20	.02
59	.25	.07
60	.30	.07
61	.35	.15
62	.50	.25
63	.35	.15
64	.35	.15
65	1.00	1.00

Resulting in average expected retirement age of 60.3.

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement (cont.)	
<i>Inactive vested lives</i>	If less than 10 years, age 65 or current age, if older. If 10 or more years, age 60 or current age, if older.
<i>Disabled lives</i>	Disability benefit assumed payable until normal retirement age; then normal retirement benefit commences.
Timing of decrements	Middle of year
Future hours worked	
<i>Vested lives</i>	1,650 hours per year, 0 after assumed retirement age
<i>Non-vested lives</i>	1,350 hours per year, 0 after assumed retirement age
Future hourly contribution rate	Based on individual's average rate for the most recent plan year, limited to the highest negotiated rate in effect and adjusted for negotiated increases, if any. Overtime hours are assumed to be 2.5% of total hours for estimating additional overtime contributions.
Inactive vested load for disability	Liabilities for inactive vested participants who have worked within the past five years, have at least 10 years of service, and may begin receiving a disability pension benefit are increased 2.8%.
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.
Marriage assumptions	100% assumed married with the male spouse 3 years older than his wife.
Optional form assumption	All non-retired participants assumed to elect the life only form of benefit.
Inactive vested lives over age 74	Continuing inactive vested participants over age 74 are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2020 are still assumed to be deceased.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences.

ACTUARIAL ASSUMPTIONS (CONT.)

Section 415 limit assumptions

Dollar limit \$275,000 per year

Assumed form of payment for those limited by Section 415 Qualified joint and 75% survivor annuity.

Benefits not valued

Pre-retirement death benefits following disability.

Benefits Vested

No death benefits are vested.
Disability benefits are considered non-vested.

Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.25%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 100% multiplier for males and a 110% multiplier for females was applied in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from January 1, 2018 to December 31, 2022. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)

Retirement	Actual rates of retirement by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. No adjustments were deemed necessary at this time. Due to the potential for significant adverse experience, the selection of the retirement assumption includes a margin for possible future adverse experience above historical experience for those eligible for the unreduced rule of 85 benefit.
Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. No adjustments were deemed necessary at this time.
Future hours worked	Total future hours worked for projections are based on Trustees' decision with the most recent PPA certification.

ACTUARIAL METHODS

Funding method	
<i>ERISA Funding</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
<i>Funding period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	Smoothed market value without phase-in effective January 1, 1998. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Electrical Workers' Pension Trust Fund of Local Union #58, I.B.E.W., Detroit, Michigan was established effective October 7, 1959 as a result of collective bargaining agreements between the Detroit Electrical Contractors' Association, Inc. (which has since been succeeded by the Southeastern Michigan Chapter, National Electrical Contractors' Association, Inc.) and Local #58, International Brotherhood of Electrical Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the pension plan is to provide normal and early retirement benefits, joint and 50% survivor benefits, joint & 75% survivor benefits, optional retirement benefits, total and permanent disability benefits, vested benefits, pre-retirement death benefits and supplemental benefits.

PLAN HISTORY (CONT.)

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. A history of hourly contribution rates is shown below.

<i>Effective Date</i>	<i>Hourly Contribution Rate Inside Wiremen</i>	<i>Effective Date</i>	<i>Hourly Contribution Rate Inside Wiremen</i>
October, 1959	\$.07	June, 1999	\$ 2.58
January, 1960	.10	June, 2000	2.74
May, 1966	.20	June, 2001	2.94
May, 1967	.25	June, 2002	3.14
May, 1969	.35	June, 2003	3.74
May, 1970	.39	June, 2004	4.04
May, 1971	.44	June, 2005	4.34
May, 1972	.53	June, 2006	4.94
June, 1973	.65	July, 2007	5.09
June, 1974	.80	June, 2008	5.34
June, 1975	.90	June, 2009	6.24
June, 1976	1.00	October, 2010	6.84
June, 1977	1.06	October, 2011	7.17
June, 1979	1.20	November, 2012	7.57
June, 1981	1.45	June 29, 2014	7.92
June, 1989	1.60	June 29, 2015	8.27
September, 1993	1.75	July 31, 2016	8.77
October, 1994	1.80	July 2, 2017	10.57
October, 1995	2.00	September 1, 2019	11.00
June, 1996	2.10	July 12, 2020	11.70
June, 1997	2.29	June 27, 2021	12.00
June, 1998	2.43		

Effective July 2020 an additional 20% contribution is made on overtime hours.
Effective July 2021 this increased to 30%.

SUMMARY OF PLAN PROVISIONS

Plan year	The twelve-month period beginning January 1 and ending December 31.
Year of service	Plan year with at least 300 credited hours of work.
Participation	First of the month following completion of 870 hours of work during a twelve consecutive month period.
Break in service	Plan year with less than 300 credited hours of work.
Inactive participant	A participant who has not accrued a year of service during two consecutive plan years shall, at the end of the second plan year, become an inactive participant.
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and the 5 th anniversary of plan participation.
<i>Monthly amount</i>	\$5.10 for each 100 credited hours of work during a plan year. Pro-rata credit is given for hours which are not an even multiple of 100. For credit earned on or after July 3, 2011, the \$5.10 will be ratably adjusted for service performed with contributions rates different than the journeyman Inside Wiremen rate during the same period. Payable for life.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 10 years of service; or Age 59 and accrued one year of service for each plan year from employment date until age 59 if became an employee after age 52 and before age 57.
<i>Monthly amount</i>	Normal reduced by 20/36 th of 1% for each month under age 59. Unreduced if age plus service equals or exceeds 85. Payable for life.
Optional benefits	• Joint and 50% Survivor * • Joint and 75% Survivor * • Life – Ten Years Certain * Includes subsidized pop-up feature

SUMMARY OF PLAN PROVISIONS (CONT.)

Vested benefit <i>Eligibility</i>	Participant or inactive participant with 5 years of vesting service. Ineligible for any other benefit.
<i>Monthly amount</i>	100% of normal or early, if eligible.
Total and permanent disability benefit <i>Eligibility</i>	Participant or inactive participant with 1 year of service in current or 4 preceding plan years. Disabled before age 65.
<i>Benefit</i>	• Less than 5 years of service: return of employer contributions. • 5 – 9 years of service: greater of deferred vested benefit or return of employer contributions. • 10+ years of service: accrued normal payable until earlier of age 65, recovery or death.
Pre-retirement surviving spouse death benefit <i>Eligibility</i>	Death of participant, an inactive participant with 1 year of service in current or 4 preceding plan years or disabled participant receiving monthly disability benefits; with surviving spouse.
<i>Benefit</i>	• Less than 5 years of service: return of employer contributions. • 5-9 years of service: greater of 50% of participant's joint and 50% survivor benefit payable at participant's normal retirement age or return of employer contributions. • 10+ years of service: spouse may elect full accrued normal paid for 60 months and 60% of that amount payable for an additional 120 months (if spouse dies, dependent minor(s) receive the remainder of the benefit) or 50% of participant's joint and 50% survivor benefit payable at participant's earliest retirement age.

SUMMARY OF PLAN PROVISIONS (CONT.)

**Pre-retirement with no
surviving spouse death
benefit**

Eligibility

Death of participant, an inactive participant with 1 year of service in current or 4 preceding plan years or disabled participant receiving monthly disability benefits; no surviving spouse.

Benefit

- Less than 10 years of service; dependent minor(s): return of employer contributions, maximum \$10,000.
- 10+ years of service; dependent minor(s): full accrued normal paid for 60 months and 60% of that amount payable for an additional 120 months. Ends at age 18 and lump sum paid if total benefits are less than employer contributions and less than \$10,000.
- 10+ years of service; no dependent minor(s): return of employer contributions, maximum \$10,000.

Supplements

Eligibility

Retirement at age 56 or later and before age 62. Must have accrued a year of service in each of five of the six plan years immediately preceding retirement.

Monthly amount

Years of service, maximum of 25 years, times \$30. Payable to retiree until earlier of death or age 62.

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Electrical Workers Local 58 Pension Plan
EIN: 38-6080404/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		
Charges							
1/1/1995	Amendment	20,728,803	30	1	0	1,668,754	1,668,754
1/1/1996	Assumptions	15,030,277	30	2	0	2,333,720	1,207,678
1/1/1997	Amendment	42,497,168	30	3	0	9,549,063	3,408,221
1/1/1998	Amendment	32,048,317	30	4	0	9,267,634	2,565,523
1/1/1998	Assumptions	7,702,045	30	4	0	2,227,252	616,561
1/1/1999	Amendment	54,837,497	30	5	0	19,125,735	4,378,421
1/1/2000	Amendment	90,122,844	30	6	0	36,411,136	7,177,583
1/1/2001	Amendment	56,203,682	30	7	0	25,585,768	4,465,251
1/1/2002	Amendment	17,903,329	30	8	0	9,000,289	1,419,015
1/1/2007	Amendment	2,729,852	30	13	0	1,891,858	214,061
1/1/2007	Assumptions	465,145	30	13	0	322,352	36,474
1/1/2009	Relief 08 Asset Loss	80,255,749	29	14	0	58,557,777	6,337,083
1/1/2010	Experience	17,528,800	15	1	0	1,860,945	1,860,945
1/1/2011	Relief 08 Asset Loss	62,122,878	27	14	0	46,252,678	5,005,433
1/1/2012	Assumptions	20,997,846	15	3	0	6,210,839	2,216,754
1/1/2012	Experience	951,047	15	3	0	281,307	100,403
1/1/2012	Relief 08 Asset Loss	13,307,126	26	14	0	10,022,359	1,084,613
1/1/2013	Relief 08 Asset Loss	32,187,517	25	14	0	24,549,313	2,656,710
1/1/2014	Assumptions	354,480	15	5	0	162,606	37,225
1/1/2014	Relief 08 Asset Loss	25,864,115	24	14	0	20,000,054	2,164,392
1/1/2015	Assumptions	134,027	15	6	0	71,217	14,039
1/1/2015	Experience	21,620,282	15	6	0	11,488,576	2,264,698
1/1/2016	Experience	38,184,693	15	7	0	22,862,760	3,990,028
1/1/2017	Assumptions	33,092,356	15	8	0	21,880,411	3,449,737
1/1/2017	Experience	35,599,872	15	8	0	23,538,364	3,711,134
1/1/2018	Experience	36,039,333	15	9	0	25,953,571	3,753,837
1/1/2019	Assumptions	4,386,762	15	10	0	3,399,749	456,556
1/1/2019	Experience	33,746,704	15	10	0	26,153,755	3,512,218
1/1/2020	Assumptions	29,687,401	15	11	0	24,523,151	3,087,342
1/1/2020	Experience	20,672,809	15	11	0	17,076,683	2,149,869
1/1/2021	Experience	5,610,295	15	12	0	4,904,522	583,443
1/1/2022	Assumptions	8,296,794	15	13	0	7,625,590	862,825
1/1/2023	Assumptions	56,767	15	14	0	54,552	5,903
1/1/2023	Experience	12,720,607	15	14	0	12,224,062	1,322,880
1/1/2024	Experience Loss	8,612,491	15	15	0	8,612,491	895,656

Electrical Workers Local 58 Pension Plan
EIN: 38-6080404/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		

Total Charges: 495,650,893 78,681,265

Credits

1/1/2010	Assumptions	10,359,107	15	1	0	1,099,771	1,099,771
1/1/2010	Relief 08 Asset Loss	28,346,223	28	14	0	20,883,401	2,259,988
1/1/2011	Amendments	108,571	15	2	0	22,211	11,492
1/1/2011	Experience	59,017,531	15	2	0	12,073,206	6,247,774
1/1/2012	Amendment	117,257	15	3	0	34,684	12,379
1/1/2013	Assumptions	27,324,197	15	4	0	10,392,420	2,876,895
1/1/2013	Experience	12,520,152	15	4	0	4,761,881	1,318,215
1/1/2014	Experience	15,660,254	15	5	0	7,183,649	1,644,539
1/1/2016	Assumptions	7,143,668	15	7	0	4,277,213	746,462
1/1/2018	Assumptions	1,928,718	15	9	0	1,388,958	200,894
1/1/2021	Assumptions	4,107,768	15	12	0	3,591,015	427,187
1/1/2022	Experience	4,714,447	15	13	0	4,333,051	490,279

Total Credits: 70,041,460 17,335,875

Net Charges: 425,609,433 61,345,390

Less Credit Balance: 297,092,474

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 128,516,959

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 11

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Elect Wrks' Pen Tr Fd of L 58 IBEW Detroit MI		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Trustees of the Pension Fund		D Employer Identification Number (EIN) 38-6080404
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u> 1 </u> Day <u> 1 </u> Year <u> 2024 </u>		
b Assets		
(1) Current value of assets	1b(1)	866,988,496
(2) Actuarial value of assets for funding standard account	1b(2)	905,965,148
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	1,034,482,107
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	979,716,087
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,623,833,675
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	31,289,552
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	70,166,130
(3) Expected plan disbursements for the plan year	1d(3)	71,137,931
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	Kathryn A. Garrity Signature of actuary Kathryn A. Garrity, FSA, EA, MAAA Type or print name of actuary United Actuarial Services, Inc. Firm name 11590 N. Meridian Street, Suite 610 Carmel Address of the firm IN 46032-4529	9/5/2025 Date 23-05379 Most recent enrollment number (317) 580-8670 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐ For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2024 v. 240311		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	866,988,496
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,466	824,871,251
(2) For terminated vested participants	1,458	189,057,433
(3) For active participants:		
(a) Non-vested benefits		131,435,090
(b) Vested benefits		478,469,901
(c) Total active	2,914	609,904,991
(4) Total	7,838	1,623,833,675
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.39%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	71,566,155				
Totals ▶			3(b)	71,566,155	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 11,734

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.5%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
b ☒ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.77 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.3%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	989,144
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8,612,491	895,656

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	8,508,815

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	495,650,893	78,681,265
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 6,321,283**e** Total charges. Add lines 9a through 9d.....**9e** 93,511,363**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 297,092,474**g** Employer contributions. Total from column (b) of line 3.....**9g** 71,566,155**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	70,041,460	17,335,875

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 25,390,327**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	507,395,579	
9j(2)	569,093,470	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 411,384,831**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 317,873,468**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached January 1, 2024 PPA certification.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments
Electrical Workers Local 58 Pension Plan EIN: 38-6080404/PN: 001
January 1, 2024

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments				
Plan Year Beginning	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 3,103,566	\$ 2,919,189	\$ 65,115,176	\$ 71,137,931
2025	7,410,349	3,570,781	63,249,639	74,230,769
2026	10,933,442	4,168,072	61,286,504	76,388,018
2027	14,045,578	4,868,095	59,296,422	78,210,095
2028	16,740,695	5,582,708	57,304,783	79,628,186
2029	19,138,127	6,113,690	55,275,983	80,527,800
2030	21,377,545	6,710,365	53,212,323	81,300,233
2031	23,285,073	7,448,154	51,135,609	81,868,836
2032	24,913,205	7,900,225	49,071,144	81,884,574
2033	26,401,573	8,262,258	46,999,190	81,663,021
2034	27,624,562	8,676,351	44,838,316	81,139,229
2035	28,749,779	9,180,161	42,652,979	80,582,919
2036	29,762,773	9,602,766	40,469,365	79,834,904
2037	30,568,951	9,877,201	38,265,493	78,711,645
2038	31,169,962	10,128,535	36,004,414	77,302,911
2039	31,701,208	10,461,295	33,803,168	75,965,671
2040	32,173,857	10,630,882	31,658,766	74,463,505
2041	32,501,421	10,683,761	29,526,458	72,711,640
2042	32,711,092	10,713,787	27,412,588	70,837,467
2043	32,789,176	10,644,513	25,324,283	68,757,972
2044	32,875,284	10,467,380	23,269,402	66,612,066
2045	32,809,218	10,311,503	21,256,573	64,377,294
2046	32,649,117	10,133,675	19,295,553	62,078,345
2047	32,380,740	9,864,173	17,396,678	59,641,591
2048	31,917,000	9,564,188	15,570,776	57,051,964
2049	31,399,675	9,236,234	13,828,702	54,464,611
2050	30,896,761	8,884,872	12,180,900	51,962,533
2051	30,297,030	8,513,724	10,636,781	49,447,535
2052	29,562,345	8,151,680	9,204,256	46,918,281
2053	28,801,410	7,761,438	7,889,394	44,452,242
2054	27,978,700	7,357,072	6,695,871	42,031,643
2055	27,047,726	6,933,527	5,624,918	39,606,171
2056	25,991,688	6,520,879	4,675,432	37,187,999
2057	24,954,434	6,100,794	3,843,979	34,899,207
2058	23,890,340	5,679,801	3,125,135	32,695,276
2059	22,705,432	5,265,884	2,511,778	30,483,094
2060	21,497,827	4,854,217	1,995,403	28,347,447
2061	20,270,731	4,453,440	1,566,628	26,290,799
2062	19,051,317	4,050,760	1,215,559	24,317,636
2063	17,848,796	3,664,053	932,152	22,445,001
2064	16,653,403	3,295,320	706,600	20,655,323
2065	15,493,797	2,946,215	529,614	18,969,626
2066	14,381,774	2,618,019	392,675	17,392,468
2067	13,318,341	2,311,714	288,176	15,918,231
2068	12,304,590	2,027,992	209,506	14,542,088
2069	11,341,485	1,767,221	151,041	13,259,747
2070	10,430,088	1,529,507	108,119	12,067,714
2071	9,570,336	1,314,722	76,956	10,962,014
2072	8,761,650	1,122,433	54,540	9,938,623
2073	8,003,021	951,909	38,537	8,993,467

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached January 1, 2024 PPA certification.

Schedule MB, Line 8b(3) - Schedule of Employer Contributions and Withdrawal Liability Payments
Electrical Workers Local 58 Pension Plan EIN: 38-6080404/PN: 001
January 1, 2024

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year Beginning	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 53,575,044	\$ 0	\$ 53,575,044
2025	53,575,044	0	53,575,044
2026	53,575,044	0	53,575,044
2027	53,575,044	0	53,575,044
2028	53,575,044	0	53,575,044
2029	53,575,044	0	53,575,044
2030	53,575,044	0	53,575,044
2031	53,575,044	0	53,575,044
2032	53,575,044	0	53,575,044
2033	53,575,044	0	53,575,044

ELECTRICAL WORKERS LOCAL 58 PENSION PLAN

EIN: 38-6080404/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 3

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Withdrawal Liability Amounts

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year with the exception of the below amounts which were owed for withdrawal liability.

<i>Date</i>	<i>Withdrawal Liability Periodic Amounts</i>	<i>Withdrawal Liability Lump Sum Amounts</i>	<i>Total Amounts</i>
2/29/2024	\$11,734		\$11,734

ELECTRICAL WORKERS' PENSION TRUST FUND OF LOCAL UNION NO. 58 - I.B.E.W.
 EIN 38 6080404 PLAN NO. 001 12/31/2024
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	INTEREST BEARING CASH	CASH AND CASH EQUIVALENTS	378,447	378,447
	DISTRESSED MANAGERS OPPORTUNITIES FUND IV OFFSHORE	ALTERNATIVE ASSETS	-2,791,114	634,647
	LOOMIS CORE PLUS FULL DISCRETION TRUST C	ALTERNATIVE ASSETS	66,614,968	89,313,265
	PENN SQUARE GLOBAL REAL ESTATE FUND II LP	ALTERNATIVE ASSETS	-6,066,188	671,390
	PRIVATE EQUITY PARTNERS 2005 LP	ALTERNATIVE ASSETS	-3,163,596	424,683
	VINTAGE FUND VI OFFSHORE LP	ALTERNATIVE ASSETS	-3,023,633	2,294,174
	VINTAGE V OFFSHORE LP	ALTERNATIVE ASSETS	-8,606,606	250,379
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A	ALTERNATIVE ASSETS	7,006,060	7,597,689
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS H 08012C	ALTERNATIVE ASSETS	18,629,033	17,447,504
	HAMILTON LANE PRIVATE MARKETS OPPORTUNITY FEEDER FUN	EQUITIES	3,683,379	5,496,916
	CARLYLE ENERGY MEZZANINE OPPORTUNITIES FUND II L.P.	EQUITIES	1,996,812	2,223,504
	CARLYLE STRATEGIC PARTNERS IV LP	EQUITIES	13,448,397	16,253,275
	CLOVERLAY FUND I (OFFSHORE) LP	EQUITIES	11,946,889	16,924,452
	ENTRUST PERMAL MIDWEST PARTNERS	EQUITIES	1,294,894	1,231,335
	HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP	EQUITIES	2,847,459	6,190,329
	MCMORGAN INFRASTRUCTURE FUND I	EQUITIES	21,377,694	41,985,266
	METROPOLITAN REAL ESTATE PARTNERS SECONDARIES FUND II	EQUITIES	11,488,154	12,358,169
	METROPOLITAN REAL ESTATE PARTNERS CO-INVEST SECONDAR	EQUITIES	4,968,988	4,288,025
	OAKTREE SPECIAL SITUATIONS FUND II (FEEDER) L.P.	EQUITIES	12,087,426	20,990,376
	SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND	EQUITIES	3,494,236	6,184,877
	SIGULER GUFF DREOF II CO INVESTMENT FUND (E) LP	EQUITIES	3,719,904	2,503,775
	TOWNSEND REAL ESTATE ALPHA FUND II LP	EQUITIES	1,878,178	3,313,053
	TOWNSEND REAL ESTATE ALPHA FUND III LP	EQUITIES	8,866,458	11,213,668
	BOYD WATTERSON DIVERSIFIED GOV REIT	ALTERNATIVE ASSETS	15,792,458	15,729,531
	BOYD WATTERSON - STATE GOV	ALTERNATIVE ASSETS	15,729,063	13,607,602
	BOYD WATTERSON GSA FUND LP	ALTERNATIVE ASSETS	20,814,563	18,537,388
	VINTAGE VIII OFFSHORE SCSP	EQUITIES	12,610,005	23,263,733
	AMERICAN CORE REALTY FUND LLC	EQUITIES	35,035,345	36,503,053
	UNILEVER PLC-SPONSORED ADR	EQUITIES	2,138,582	2,529,614
	ABBVIE INC	EQUITIES	1,225,711	2,719,165
	ACUITY INC	EQUITIES	547,292	1,122,656
	AFFILIATED MANAGERS GROUP INC	EQUITIES	1,826,280	3,476,496
	ALPHABET INC CL A	EQUITIES	288,438	1,236,886
	AMERICAN EXPRESS CO	EQUITIES	440,082	1,065,773
	AMGEN INC	EQUITIES	571,137	873,665
	APPLE INC	EQUITIES	251,150	1,286,157
	APPLIED INDUSTRIAL TECH INC	EQUITIES	710,054	853,950
	ARES MANAGEMENT CORPORATION	EQUITIES	979,081	2,769,457
	AUTODESK INC (DEL)	EQUITIES	795,700	1,039,520
	AUTOZONE INC	EQUITIES	319,973	733,258
	AVANTOR INC	EQUITIES	1,731,479	1,927,905
	BERKSHIRE HATHAWAY INC CL B	EQUITIES	121,079	769,216
	BOOKING HLDGS INC	EQUITIES	625,644	1,073,179
	BROADCOM INC	EQUITIES	653,022	4,067,169
	BROWN & BROWN INC	EQUITIES	251,152	1,101,816
	C H ROBINSON WORLDWIDE INC	EQUITIES	1,576,046	2,066,400
	CABLE ONE INC	EQUITIES	2,037,908	1,448,480
	CISCO SYS INC	EQUITIES	518,456	874,562
	CME GROUP INC	EQUITIES	2,134,304	2,655,550
	CONOCOPHILLIPS	EQUITIES	1,531,805	2,470,523

See independent auditor's report.

ELECTRICAL WORKERS' PENSION TRUST FUND OF LOCAL UNION NO. 58 - I.B.E.W.
 EIN 38 6080404 PLAN NO. 001 12/31/2024
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	CUMMINS INC	EQUITIES	1,510,989	2,682,128
	CUMMINS INC	EQUITIES	414,250	809,449
	DARDEN RESTAURANTS INC	EQUITIES	1,987,732	2,262,496
	DROPBOX INC CLASS A	EQUITIES	866,435	970,592
	ELEVANCE HEALTH INC	EQUITIES	458,576	766,943
	ENERGIZER HLDGS INC NEW	EQUITIES	1,837,232	2,302,740
	ENVISTA HOLDINGS CORPORATION	EQUITIES	1,317,030	1,234,560
	F5 INC.	EQUITIES	688,430	1,085,093
	FACEBOOK INC	EQUITIES	435,653	1,100,173
	GOLDMAN SACHS GROUP INC	EQUITIES	360,722	1,065,073
	HILLENBRAND INC	EQUITIES	1,463,580	1,714,446
	HOME DEPOT INC	EQUITIES	1,348,097	2,004,854
	JOHNSON & JOHNSON	EQUITIES	2,784,765	2,643,654
	JOHNSON & JOHNSON	EQUITIES	473,274	579,203
	JPMORGAN CHASE & CO	EQUITIES	267,211	1,015,412
	KEURIG DR PEPPER INC COM	EQUITIES	2,068,259	1,983,506
	LAM RESEARCH CORPORATION COM	EQUITIES	472,369	721,578
	LAMB WESTON HOLDINGS INC	EQUITIES	2,097,573	2,004,900
	LESLIE S INC	EQUITIES	2,712,596	758,200
	LIBERTY BROADBAND CORP - A	EQUITIES	547,167	508,920
	LKQ CORP	EQUITIES	1,127,063	1,120,875
	LPL FINL HLDGS INC	EQUITIES	327,481	3,558,959
	MICROSOFT CORP	EQUITIES	65,834	930,251
	MIDDLEBY CORP	EQUITIES	1,203,024	1,137,780
	MOLSON COORS BREWING CO CL B	EQUITIES	2,112,320	2,751,360
	MORGAN STANLEY	EQUITIES	1,875,301	2,800,664
	NEOGEN CORP	EQUITIES	604,015	607,000
	NETAPP INC	EQUITIES	389,272	762,065
	OLD REP INTL CORP	EQUITIES	1,591,779	2,721,198
	PAYCHEX INC	EQUITIES	1,981,547	2,709,892
	POST HLDGS INC	EQUITIES	2,471,151	4,349,480
	PROCTER & GAMBLE CO	EQUITIES	1,751,313	2,477,532
	PUBLIC SVC ENTERPRISE GROUP INC	EQUITIES	2,036,733	3,044,175
	QUALCOMM INC	EQUITIES	572,265	661,795
	REGENERON PHARMACEUTICALS INC	EQUITIES	528,976	834,138
	ROBERT HALF INC	EQUITIES	621,617	577,490
	SCHEIN HENRY INC	EQUITIES	1,535,849	1,473,960
	SIRIUSXM HOLDINGS INC	EQUITIES	789,555	619,453
	SMITH A O CORP	EQUITIES	945,329	762,861
	SNAP ON INC	EQUITIES	1,163,832	2,395,710
	SYSCO	EQUITIES	656,311	1,758,580
	T ROWE PRICE GROUP INC	EQUITIES	644,276	619,620
	TARGET CORP	EQUITIES	1,444,866	1,411,820
	TARGET CORP	EQUITIES	771,973	649,675
	TEXAS INSTRS INC	EQUITIES	2,230,171	2,478,132
	THE CIGNA GROUP	EQUITIES	906,002	773,468
	US FOODS HLDG CORP	EQUITIES	923,892	2,880,542
	WAL-MART STORES INC	EQUITIES	590,083	1,364,466
	WATSCO INC	EQUITIES	1,689,877	2,409,257
	WILEY JOHN & SONS INC CL A	EQUITIES	1,822,779	2,010,660

See independent auditor's report.

ELECTRICAL WORKERS' PENSION TRUST FUND OF LOCAL UNION NO. 58 - I.B.E.W.
 EIN 38 6080404 PLAN NO. 001 12/31/2024
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE		
	ZEBRA TECHNOLOGIES CORP CL A	EQUITIES	646,790	854,319
	ALABAMA PWR CO 3.05% 03/15/2032-2031	FIXED INCOME	621,532	594,122
	DISNEY WALT CO NEW MEDIUM TERM 2.95% 06/15/2027	FIXED INCOME	109,249	109,920
	DISNEY WALT CO NEW MEDIUM TERM DTD 7/12/2016 1.85% 7/12/2027	FIXED INCOME	380,378	417,630
	GOLDMAN SACHS GROUP INC 2.6% 02/07/2030-2029	FIXED INCOME	76,410	76,178
	JOHNSON & JOHNSON 2.45% 03/01/2026-2025	FIXED INCOME	453,047	442,866
	MIDAMERICAN ENERGY CO 3.65% DTD 1/9/2019 3.65% 4/15/2026	FIXED INCOME	185,539	179,297
	NATIONAL RURAL UTILS COOP FIN 3.4% 02/07/2028-2027	FIXED INCOME	297,348	297,653
	PUBLIC SVC CO COLORADO 1.875% DTD 3/1/2021 1.875% 6/15/2026	FIXED INCOME	528,777	523,913
	SUNTRUST BANK 3.3% 05/15/2026-2026	FIXED INCOME	306,874	319,209
	US BANCORP 3.9% 04/26/2028-2028	FIXED INCOME	118,517	120,325
	BANK NEW YORK MELLON CORP FR DTD 11/20/2024 0.00% 11/20/2029	FIXED INCOME	51,131	50,756
	BANK NEW YORK MELLON VAR 03/14/2035 Ser J DTD 3/14/2024	FIXED INCOME	543,545	536,515
	BK OF AMERICA CORP FR 4.271% 07/23/2029-2028	FIXED INCOME	563,855	518,317
	JPMORGAN CHASE & CO 3.702% DTD 5/6/2019 3.702% 5/6/2033	FIXED INCOME	149,072	140,149
	JPMORGAN CHASE & CO 4.452% DTD 12/5/2018 4.452% 12/5/2028	FIXED INCOME	433,950	386,116
	STATE STR CORP 4.164% DTD 8/4/2022 4.164% 8/4/2033	FIXED INCOME	434,156	404,058
	STATE STR CORP 4.421% DTD 4/13/2022 4.421% 5/13/2033	FIXED INCOME	110,782	112,321
	US BANCORP 2.215% 01/27/2028-2027	FIXED INCOME	395,594	404,852
	FEDERAL HOME LN MTG CORP GOLD POOL #A59025 5.5% 04/01/2027	MORTGAGE & ASSET BACKED	387	407
	FEDERAL HOME LN MTG CORP GOLD POOL #A60057 5.5% 05/01/2027	MORTGAGE & ASSET BACKED	1,497	1,520
	FEDERAL HOME LN MTG CORP GOLD POOL #C80454 8% 12/01/2027	MORTGAGE & ASSET BACKED	131	118
	FEDERAL HOME LN MTG CORP GOLD POOL #G01597 6% 07/01/2027	MORTGAGE & ASSET BACKED	1,250	1,227
	FEDERAL HOME LN MTG CORP GOLD POOL #G01843 6% 06/01/2027	MORTGAGE & ASSET BACKED	6,222	6,227
	FEDERAL HOME LN MTG CORP POOL #C00375 8% 07/01/2025	MORTGAGE & ASSET BACKED	14	13
	FEDERAL HOME LN MTG CORP POOL #C00498 6.5% 01/01/2027	MORTGAGE & ASSET BACKED	37	82
	FEDERAL HOME LN MTG CORP POOL DTD 3/1/2005 7.04% 1/1/2027	MORTGAGE & ASSET BACKED	4,315	4,459
	FEDERAL HOME LN MTG CORP POOL DTD 4/1/2003 4.92% 4/1/2027	MORTGAGE & ASSET BACKED	255	245
	FEDERAL HOME LN MTG CORP POOL DTD 5/1/2003 5.05% 5/1/2027	MORTGAGE & ASSET BACKED	300	291
	FEDERAL HOME LN MTG CORP POOL DTD 7/1/2003 5.63% 7/1/2027	MORTGAGE & ASSET BACKED	433	423
	FEDERAL HOME LN MTG CORP POOL DTD 8/1/2003 6.10% 8/1/2027	MORTGAGE & ASSET BACKED	592	588
	FEDERAL HOME LN MTG CORP VAR DTD 11/1/2003 6.53% 11/1/2027	MORTGAGE & ASSET BACKED	633	639
	FEDERAL NATL MTG ASSN GTD MTG POOL #816268 5.5% 03/01/2027	MORTGAGE & ASSET BACKED	883	882
	FEDERAL NATL MTG ASSN POOL #250799 7.5% 01/01/2027	MORTGAGE & ASSET BACKED	43	45
	FEDERAL NATL MTG ASSN POOL #255364 6% 09/01/2034	MORTGAGE & ASSET BACKED	1,342	1,339
	FEDERAL NATL MTG ASSN POOL #527253 7.5% 11/01/2029	MORTGAGE & ASSET BACKED	315	137
	FEDERAL NATL MTG ASSN POOL #535996 7.5% 06/01/2031	MORTGAGE & ASSET BACKED	472	297
	FEDERAL NATL MTG ASSN POOL #545278 7.5% 11/01/2031	MORTGAGE & ASSET BACKED	511	343
	FEDERAL NATL MTG ASSN POOL #725690 6% 08/01/2034	MORTGAGE & ASSET BACKED	8,241	8,218
	FEDERAL NATL MTG ASSN POOL #725773 5.5% 09/01/2034	MORTGAGE & ASSET BACKED	10,606	10,593
	FEDERAL NATL MTG ASSN POOL #745087 5.5% 12/01/2035	MORTGAGE & ASSET BACKED	3,518	3,681
	FEDERAL NATL MTG ASSN POOL #745418 5.5% 04/01/2036	MORTGAGE & ASSET BACKED	3,040	3,180
	FEDERAL NATL MTG ASSN POOL #748294 6.5% 10/01/2033	MORTGAGE & ASSET BACKED	6,985	7,007
	FEDERAL NATL MTG ASSN POOL #808178 5.5% 03/01/2035	MORTGAGE & ASSET BACKED	3,906	3,887
	FEDERAL NATL MTG ASSN POOL #812765 5.5% 03/01/2035	MORTGAGE & ASSET BACKED	5,501	5,473
	FEDERAL NATL MTG ASSN POOL #814474 4.5% 03/01/2035	MORTGAGE & ASSET BACKED	2,195	2,219
	FEDERAL NATL MTG ASSN POOL #815038 5.5% 05/01/2035	MORTGAGE & ASSET BACKED	6,689	6,691
	FEDERAL NATL MTG ASSN POOL #824601 5.5% 12/01/2034	MORTGAGE & ASSET BACKED	1,230	1,259
	FEDERAL NATL MTG ASSN POOL #831540 6% 06/01/2036	MORTGAGE & ASSET BACKED	4,959	5,123
	FEDERAL NATL MTG ASSN POOL #835751 4.5% 08/01/2035	MORTGAGE & ASSET BACKED	2,338	2,438

See independent auditor's report.

ELECTRICAL WORKERS' PENSION TRUST FUND OF LOCAL UNION NO. 58 - I.B.E.W.
 EIN 38 6080404 PLAN NO. 001 12/31/2024
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	FEDERAL NATL MTG ASSN POOL #844402 5.5% 12/01/2035	MORTGAGE & ASSET BACKED	1,391	1,456
	FEDERAL NATL MTG ASSN POOL #848784 5.5% 01/01/2036	MORTGAGE & ASSET BACKED	4,045	4,231
	FEDERAL NATL MTG ASSN POOL #881635 5.5% 02/01/2036	MORTGAGE & ASSET BACKED	2,002	2,092
	FEDERAL NATL MTG ASSN POOL #888478 6% 07/01/2037	MORTGAGE & ASSET BACKED	3,334	3,521
	FEDERAL NATL MTG ASSN POOL DTD 3/1/2007 6.21% 2/1/2037	MORTGAGE & ASSET BACKED	1,098	1,103
	FEDERAL NATL MTG ASSN POOL DTD 9/1/2003 0.00% 10/1/2033	MORTGAGE & ASSET BACKED	963	940
	FEDERAL NATL MTG ASSN POOL DTD 9/1/2003 5.50% 10/1/2033	MORTGAGE & ASSET BACKED	1,970	1,964
	FEDERAL NATL MTG ASSN POOL# 830977 5.5% 08/01/2035	MORTGAGE & ASSET BACKED	902	943
	CHECK POINT SOFTWARE TECH ADR	EQUITIES	598,840	938,728
	CLARIVATE ANALYTICS PLC	EQUITIES	8,197,285	4,597,400
	GFL ENVIRONMENTAL INC SUB VTG	EQUITIES	1,799,823	2,806,020
	WILLIS TOWERS WATSON PLC	EQUITIES	640,507	1,284,284
	GOVERNMENT NATL MTG ASSN POOL #421379 6.5% 11/15/203	MORTGAGE & ASSET BACKED	1,530	1,256
	GOVERNMENT NATL MTG ASSN POOL #557521 6.5% 07/15/203	MORTGAGE & ASSET BACKED	417	353
	GOVERNMENT NATL MTG ASSN POOL #003415 5.5% 07/20/203	MORTGAGE & ASSET BACKED	9,409	9,702
	GOVERNMENT NATL MTG ASSN POOL #004007 6.5% 07/20/203	MORTGAGE & ASSET BACKED	888	902
	FIDELITY 500 INDEX FUND-AI	MUTUAL FUNDS - OPEN END	91,712,971	158,468,312
	HARTFORD MUT FDS INC FLRT HG INTERNATIONAL VALUE FUND	MUTUAL FUNDS - OPEN END	18,168,119	19,836,844
	VANGUARD FTSE ALL WORLD-INST	MUTUAL FUNDS - OPEN END	59,814,140	75,627,771
	VIRTUS SILVANT FOCUSED GROWTH ALLIANZGI NFJ MID-CAP VA	MUTUAL FUNDS - OPEN END	29,320,659	26,499,287
	PIMCO HIGH YIELD FD INSTL	MUTUAL FUNDS - OPEN END	41,645,328	38,461,419
	PUTNAM ULTRA SHORT DURATION INCOME FUND-Y	MUTUAL FUNDS - OPEN END	9,927,345	9,998,068
	EXTRA SPACE STORAGE INC	EQUITIES	1,765,418	1,693,921
	LAMAR ADVERTISING CO NEW - A	EQUITIES	1,324,745	2,162,224
	RYMAN HOSPITALITY PPTYS INC	EQUITIES	580,162	533,282
	SIMON PROPERTY GROUP INC	EQUITIES	885,578	844,518
	ALLSTATE CORP .75% 12/15/2025-2025	FIXED INCOME	283,184	302,790
	AMERICAN EXPRESS CO 2.55% 03/04/2027-2027	FIXED INCOME	528,498	526,554
	COCA COLA CO 3.45% 03/25/2030-2029	FIXED INCOME	428,132	387,737
	ECOLAB INC 2.125% 02/01/2032	FIXED INCOME	15,795	15,794
	ECOLAB INC 4.8% 03/24/2030-2029	FIXED INCOME	258,098	252,312
	GOLDMAN SACHS GROUP INC 3.8% 03/15/2030-2029	FIXED INCOME	448,177	443,570
	MASTERCARD INC 3.35% 03/26/2030-2029	FIXED INCOME	532,942	470,978
	NORTHERN TRUST CORP 1.95% 05/01/2030-2030	FIXED INCOME	401,588	364,376
	NORTHERN TRUST CORP 3.15% 05/03/2029-2029	FIXED INCOME	156,884	160,106
	ONCOR ELEC DELIVERY CO LLC 3.7% 11/15/2028-2028	FIXED INCOME	748,684	660,640
	PNC FINL SVCS GROUP INC 2.55% 01/22/2030-2029	FIXED INCOME	500,521	518,615
	TEXAS INSTRS INC 1.9% 09/15/2031-2031	FIXED INCOME	574,326	521,949
	VISA INC 2.05% 04/15/2030-2030	FIXED INCOME	8,014	6,996
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	7,522,281	7,522,281
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	335,480	335,480
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	1,494,734	1,494,734
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	6,294	6,294
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	1,752	1,752
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	1,309,024	1,309,024
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	17,981,825	17,981,825
	GOLDMAN SACHS FIN SQ GOVT INST	CASH AND CASH EQUIVALENTS	237,070	237,070
	UNITED STATES TREAS 0% NTS DTD 2/28/2022 1.875% 2/28/202	FIXED INCOME	3,016,963	3,057,478
	UNITED STATES TREAS 1.25% NTS 15/08/2031 USD (E-2031) 1.2	FIXED INCOME	595,841	597,371
	UNITED STATES TREAS 1.5% 08/15/2026 DTD 8/15/2016 1.50%	FIXED INCOME	2,136,428	2,110,802

See independent auditor's report.

ELECTRICAL WORKERS' PENSION TRUST FUND OF LOCAL UNION NO. 58 - I.B.E.W.
 EIN 38 6080404 PLAN NO. 001 12/31/2024
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE		
	UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.62%	FIXED INCOME	2,554,943	2,486,861
	UNITED STATES TREAS 2.625% 02/15/2029 DTD 2/15/2019 2.62%	FIXED INCOME	3,531,988	3,378,837
	UNITED STATES TREAS 2.75% 02/15/2028 DTD 2/15/2018 2.75%	FIXED INCOME	3,735,789	3,700,044
	UNITED STATES TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/1	FIXED INCOME	1,146,971	1,119,667
	UNITED STATES TREAS NTS Ser Q-2030 DTD 9/30/2023 4.625% 9	FIXED INCOME	800,843	818,534
	US TREASURY NOTE 11/15/2033 Ser F-2033 DTD 11/15/2023 4.5	FIXED INCOME	2,135,000	2,085,510
	INTEREST BEARING CASH	CASH AND CASH EQUIVALENTS	8,054,908	8,054,908
		TOTALS	687,195,704	908,117,675

See independent auditor's report.