

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 <h1 style="text-align: center;">2024</h1> 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 <u>I.B.E.W. LOCAL 1158 ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>I.B.E.W. LOCAL 1158</u> <u>1149 BLOOMFIELD AVENUE</u> <u>CLIFTON, NJ 07012</u>	1c Effective date of plan <u>01/01/1999</u> 2b Employer Identification Number (EIN) <u>22-0886457</u> 2c Plan Sponsor's telephone number <u>973-344-1800</u> 2d Business code (see instructions) <u>813930</u>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	652
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)	652
	6a(2)	562
	6b	0
	6c	79
	6d	641
	6e	0
	6f	641
	6g(1)	606
6g(2)	636	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 2X 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

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 I.B.E.W. LOCAL 1158 ANNUITY PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W. LOCAL 1158		D Employer Identification Number (EIN) 22-0886457

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	874041	11	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2097	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY **1 NEW YORK PLAZA**
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2097			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	75890
5	Current value of plan's interest under this contract in separate accounts at year end.....	804929
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input checked="" type="checkbox"/> other (specify) ▶ INDIVIDUAL GROUP ANNUITY	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 75890
c	Additions: (1) Contributions deposited during the year	7c(1) 2717
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1165
	(4) Transferred from separate account	7c(4) 1177
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 5059
d	Total of balance and additions (add lines 7b and 7c(6))	7d 80949
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 80949

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan I.B.E.W. LOCAL 1158 ANNUITY PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W. LOCAL 1158	D Employer Identification Number (EIN) 22-0886457	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORGAN STANLEY

34 WEST 52ST
NEW YORK, NY 10019

26-4310632

(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 28	BROKER	18815	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROSENBERG RICH BAKER BERMAN & CO.,

265 DAVIDSON AVE.
SOMERSET, NJ 08873

22-3271252

(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	AUDITOR	21500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

E.H. THOMSON & CO., INC.

800 THE PLAZA
SEA GIRT, NJ 08750

22-2602083

(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 12 14 15 17	RECORDKEEPER ACTUARY ADMI	25962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan I.B.E.W. LOCAL 1158 ANNUITY PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 I.B.E.W. LOCAL 1158	D Employer Identification Number (EIN) 22-0886457

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	112675	102659
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24099	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	362751	
(2) U.S. Government securities	1c(2)	1928438	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1169221	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3784588	
(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)		0
(10) Value of interest in pooled separate accounts	1c(10)		885879
(11) Value of interest in master trust investment accounts	1c(11)		10084950
(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)	2540104	506301
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9921876	11579789
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	81850	24250
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	81850	24250
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9840026	11555539

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)	1389438	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1389438
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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	44659	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1090741	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(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		2524838

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	637952	
(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)		637952
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		66176
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	18815	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	21500	
(5) Investment advisory and investment management fees	2i(5)	9354	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	25962	
(8) Legal fees	2i(8)	29566	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		105197
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		809325

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1715513
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: **ROSENBERG RICH BAKER BERMAN & CO.**

(2) EIN: **22-3271252**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>I.B.E.W. LOCAL 1158 ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.B.E.W. LOCAL 1158</u>	D Employer Identification Number (EIN) <u>22-0886457</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-2021330

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703803A.

IBEW Local 1158 Annuity Plan

Financial Statements

December 31, 2024 and 2023

**IBEW Local 1158 Annuity Plan
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December 31, 2024 and 2023**

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Independent Auditor's Report

To the Board of Trustees
of the IBEW Local 1158 Annuity Plan

Opinion

We have audited the accompanying financial statements of IBEW Local 1158 Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of IBEW Local 1158 Annuity Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 IBEW Local 1158 Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 1158 Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



ROSENBERG RICH BAKER BERMAN, P.A.

To the Board of Trustees
of the IBEW Local 1158 Annuity Plan

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 1158 Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 1158 Annuity Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information are 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.



ROSENBERG RICH BAKER BERMAN, P.A.

To the Board of Trustees
of the IBEW Local 1158 Annuity Plan

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

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

Rosenberg Rich Baker Berman, P.A.

Somerset, New Jersey
October 14, 2025

IBEW Local 1158 Annuity Plan
Statements of Net Assets Available for Benefits

	December 31,	
Assets	2024	2023
Investments at fair value:		
Short-term investments	\$ -	\$ 362,752
Mutual funds	506,301	1,724,672
U.S. government securities	-	1,928,438
Corporate bonds	-	1,169,221
Common stock	-	3,784,588
Common collective trust	10,084,950	-
Investment contract	<u>885,879</u>	<u>815,432</u>
Total Investments	11,477,130	9,785,103
Receivables:		
Employer contributions receivable	102,659	112,675
Accrued investment income receivable	<u>-</u>	<u>24,099</u>
Total Receivables	<u>102,659</u>	<u>136,774</u>
Total Assets	<u>11,579,789</u>	<u>9,921,877</u>
Liabilities and Net Assets Available for Benefits		
Accounts payable and accrued expenses	<u>24,250</u>	<u>81,850</u>
Total Liabilities	<u>24,250</u>	<u>81,850</u>
Net Assets Available for Benefits	<u>\$ 11,555,540</u>	<u>\$ 9,840,027</u>

See notes to financial statements.

IBEW Local 1158 Annuity Plan
Statements of Changes in Net Assets Available for Benefits

	For the Years Ended	
	December 31,	
	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation fair value of investments	\$ 1,090,741	\$ 586,246
Interest and dividends	<u>44,659</u>	<u>202,338</u>
Total investment income	1,135,400	788,584
Investment expenses	<u>(66,176)</u>	<u>(73,961)</u>
Net investment income	1,069,224	714,623
Employer contributions	<u>1,389,438</u>	<u>1,230,094</u>
Total Additions	<u>2,458,662</u>	<u>1,944,717</u>
Deductions from Net Assets Attributed to:		
Benefit Payments:		
Benefits paid to participants	<u>637,952</u>	<u>548,301</u>
Administrative Expenses:		
Auditing fees	21,500	30,500
Insurance expense	9,354	500
Legal fees	29,566	63,485
Consulting fees	25,962	-
Plan administration fees	<u>18,815</u>	<u>44,765</u>
Total Administrative Expenses	<u>105,197</u>	<u>139,250</u>
Total Deductions	<u>743,149</u>	<u>687,551</u>
Net Increase in Net Assets Available for Benefits	1,715,513	1,257,166
Net Assets Available for Benefits - Beginning of Year	<u>9,840,027</u>	<u>8,582,861</u>
Net Assets Available for Benefits - End of Year	<u>\$ 11,555,540</u>	<u>\$ 9,840,027</u>

IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

1. Description of Plan:

The following brief description of the IBEW Local 1158 Annuity Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan administered jointly by IBEW Local 1158 and the Passaic Valley Sewerage Commissioners (PVSC). It was established for the benefit of eligible IBEW Local 1158 employees as of January 1, 1999. The PVSC adopted the Plan on behalf of their employees effective January 1, 2002. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides retirement benefits to employees whose employment is subject to a collective bargaining agreement with the IBEW Local 1158 Union and to other non-union employees who are employed by the PVSC. The Plan also provides retirement benefits to employees of IBEW Local 1158. IBEW Local 1158 represents a separate employer adopting the Plan.

Eligibility

A covered employee is eligible to participate in the Plan upon commencement of one hour of employment with an adopting employer and attaining age twenty one, provided that they are not a non-resident alien.

Contributions

The PVSC provides benefits to their union and non-union employees pursuant to a collective bargaining agreement. The PVSC contributed one dollar and twenty-five cents (\$1.25) per hour up to a maximum of fifty dollars (\$50) per week in 2024 and one dollar and five cents (\$1.05) per hour up to a maximum of forty-four dollars (\$44) per week in 2023.

For the years ended December 31, 2024 and 2023, contributions on behalf of PVSC covered employees totaled \$1,340,588 and \$1,183,399, respectively. No employee contributions are required.

The IBEW Local 1158 provides benefits to their employees based on a discretionary formula determined each year. The IBEW Local 1158 contributed \$2.50 per hour up to a maximum of forty hours per week (a maximum contribution of \$5,200 per year) for each covered employee in 2024 and 2023.

For the years ended December 31, 2024 and 2023, contributions on behalf of IBEW Local 1158 covered employees totaled \$48,850 and \$46,695, respectively. No employee contributions are allowed or required.

Retirement

Participants will be eligible to retire and receive distribution of benefits on the later of the participant's sixty-fifth birthday or the fifth anniversary of commencement in the Plan. If a participant works past their normal retirement date, distributions will not begin until the participant actually retires. Distributions can be received by employees in the IBEW 1158 Staff Plan at age 59 1/2 related to salary deferral contributions or from qualified nonelective or qualified matching contributions. Participants of the Passaic Valley Sewerage Commission are only allowed to receive distributions upon separation of employment.

Participant Accounts

For participants employed by PVSC all allocations made on a participant's behalf are credited to a separate bookkeeping account established in the name of the participant. At the end of each Plan year, allocations are made to participant accounts and interest is credited based on the net earnings experienced by the Trust Fund for the Plan year.

IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

1. Description of Plan (continued):

Participant Accounts (continued)

IBEW Local 1158 participants may choose to invest contributions made on their behalf into 25 mutual funds of varying type and risk. The participants are allowed to change their choices or transfer between funds through automated systems.

Vesting and Forfeitures

All participants are immediately 100% vested in their individual participant accounts and no forfeitures occur. An eligible participant may receive their distribution upon normal retirement, termination of employment, disability, or death.

2. Summary of Significant Accounting Policies:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date (see Note 4, Fair Value Measurements). 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable

Employer contributions receivable are accrued for contribution revenue earned but not collected by year-end.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events Evaluation Date

The Plan evaluated the events and transactions subsequent to the date of its Statements of Net Assets Available for Plan Benefits, in accordance with FASB ASC 855-10-50, "Subsequent Events" through October 14, 2025, which is the date the financial statements were available to be issued.

3. Investments:

During the years ended December 31, 2024 and 2023, the Plan's investments (including investments bought, sold, as well as held during the years) appreciated in fair value by \$1,090,741 and \$586,246, respectively.

IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

4. Fair Value Measurements:

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

- (1) Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- (2) Level 2 - Inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- (3) Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term investments, mutual funds and common stock: Valued at the closing price reported in the active market in which the individual security is traded based on information obtained from independent quotation services (Level 1).

U.S. government securities and mortgage backed securities: U.S. Treasury Bonds are valued at the closing price reported in the active market in which the securities are traded based on information obtained from independent quotation services (Level 1). Other government securities, agency bonds and mortgage backed securities are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Corporate bonds and asset-backed securities: Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under an approach that maximizes observable inputs, such as current yields of similar instruments, broker/dealer quotes, bids and benchmark securities (Level 2).

Common collective trust: Valued at the net asset value (NAV) of units of a collective trust. Consists of pools of investments used by institutional investors to obtain equity and fixed income market exposures by investing in funds which are intended to mirror indices such as the Standard & Poor's 500® Index, Russell 2000® Index, or a custom benchmark index. They are valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective common collective trusts (NAV).

IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

4. Fair Value Measurements (continued):

Investment contract: Valued at the net asset value (NAV) of the underlying registered mutual funds selected under the variable annuity contract based on observable market inputs of the funds as published on recognized market exchanges (NAV).

Assets measured at fair value on a recurring basis are summarized below:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	506,301	506,301	-	-
Common Collective Trust*	10,084,950	-	-	-
Investment Contract*	885,879	-	-	-
Investments, at fair value	11,477,130	506,301	-	-

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 362,752	\$ 362,752	\$ -	\$ -
Mutual funds	1,724,672	1,724,672	-	-
U.S. government securities	1,928,438	1,432,784	495,654	-
Corporate bonds	1,169,221	-	1,169,221	-
Common stock	3,784,588	3,784,588	-	-
Investment Contract*	-	-	-	-
Investments, at fair value	\$ 8,969,671	\$ 7,304,796	\$ 1,664,875	\$ -

() Certain investments that are measured at fair value using the net asset value per share as a practical expedient have not been classified in the fair value hierarchy. The net asset value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.*

**IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023**

4. Fair Value Measurements (continued):

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Investment Contract	885,879	None	Daily	30 Days
Common Collective Trust	<u>10,084,950</u>	None	Daily	30 Days
Total	<u>\$ 10,970,829</u>			

	<u>December 31, 2023</u>			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Investment Contract	<u>\$ -</u>	None	Daily	30 Days
Total	<u>\$ -</u>			

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

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2, or 3.

**IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023**

5. Nonparticipant-Directed Investments:

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2024	2023
Net Assets:		
Investments at fair value:		
Short-Term Investments	\$ -	\$ 362,752
U.S. Government Securities	-	1,928,438
Corporate Bonds	-	1,169,221
Common Stock	-	3,784,588
Common Collective Trust	10,084,950	-
Mutual Funds	<u>506,301</u>	<u>1,724,672</u>
Total investments at fair value	10,591,251	8,969,671
Receivables	102,659	136,774
Liabilities	<u>(24,250)</u>	<u>(81,850)</u>
	<u>\$ 10,669,660</u>	<u>\$ 9,024,595</u>

	Years Ended December 31,	
	2024	2023
Changes in Net Assets:		
Contributions	\$ 1,340,588	\$ 1,183,399
Interest and Dividends	44,659	202,338
Net Appreciation	980,925	473,088
Investment Expenses	(66,126)	(73,961)
Administrative Expenses	(105,197)	(139,250)
Benefits Paid to Participants	<u>(549,784)</u>	<u>(548,301)</u>
	<u>\$ 1,645,065</u>	<u>\$ 1,097,313</u>

6. Plan Termination:

In the event of a termination or partial termination of the Plan, or in the event of complete discontinuance of contributions, each employee shall have a non-forfeitable right to the assets remaining after providing for the expenses of the Plan and for the payment of any accumulated share. Each participant shall receive that part of the total remaining assets in the same ratio as his or her accumulated share bears to the aggregate amount of the accumulated shares of all participants.

7. Parties-in-Interest:

The Plan's investments are held at Morgan Stanley, VOYA and John Hancock, thus these entities are parties-in-interest. Also, certain other professionals, officers and employees of the Plan perform administrative functions and are compensated by the Plan. Such transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory or administrative exemptions from the IRS and ERISA rules on prohibited transactions.

IBEW Local 1158 Annuity Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

8. Tax Status:

The Plan has been restated as of January 1, 2022 by adopting a Non-Standardized Pre-Approved Profit Sharing/Money Purchase Plan, which received a favorable opinion letter from the Internal Revenue Service dated June 30, 2020, which stated that the plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties:

Investment Risk: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level 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 changes could materially affect the amounts reported in the statement of net assets available for benefits.

Concentrations: As of December 31, 2024 and 2023, there were only two contributing employers. There exists the possibility that contributions could be reduced significantly due to changing circumstances and conditions, which would have a significant negative impact on the Fund.

10. Plan Restatement:

Effective January 1, 2022, the Plan was restated through a FIS Volume Submitter Document to comply with the Internal Revenue Service Cycle 3 Defined Contribution Plan Restatement.

11. Other Matters:

On April 19, 2023, the Plan received an Internal Revenue Service Closeout Letter for the examination of the plan year ending December 31, 2019. The Close Out Letter concluded that there were two deficiencies that should be corrected going forward in the 2022 Form 5500. These corrections resulted in the identification of the Plan as a multiple-employer plan and updating the effective date of the Plan to January 1, 1999.

IBEW Local 1158 Annuity Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

2024 Form 5500
 EIN: 22-0886457
 Plan #004

(a)	(b) Identity of issuer, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	American Funds - Balanced	Investment Contract	**	\$ 6,338
	American Funds - Fundamental Investors	Investment Contract	**	881
	BlackRock Equity Dividend Fund	Investment Contract	**	106,361
	Dodge & Cox International Stock Fund	Investment Contract	**	4,016
	Fidelity Advisors New Insights Fund	Investment Contract	**	225,505
	Invesco Dev Markets Equity Fund	Investment Contract	**	2,355
	Invest Eqv International Equity Fund	Investment Contract	**	1,944
	Invesco Small Cap Equity Fund	Investment Contract	**	18,287
	Pimco Vit Real Return Port Admin	Investment Contract	**	1,302
*	VOYA Fixed Account	Investment Contract	**	80,950
*	VOYA Government Money Market Port I	Investment Contract	**	8,243
*	VOYA HighYield Portfolio	Investment Contract	**	10,647
*	VOYA Index Solution 2035 Portfolio	Investment Contract	**	44,441
*	VOYA Index Solution 2040 Portfolio	Investment Contract	**	21,389
*	VOYA Index Solution 2050 Portfolio	Investment Contract	**	12,833
*	VOYA Index Solution Inc P Adv	Investment Contract	**	7,000
*	VOYA Intermediate Bond Portfolio	Investment Contract	**	131,038
*	VOYA MidCap Opportunities Portfolio	Investment Contract	**	136,261
*	VOYA Russell MidCap Index Portfolio	Investment Contract	**	66,088
*	JH Stable Value Guaranteed Inc	Common Collective Trust	**	1,327
*	John Hancock LT Bl 2010 Tr R4	Common Collective Trust	**	85,607
*	John Hancock LT Bl 2015 Tr R4	Common Collective Trust	**	242,298
*	John Hancock LT Bl 2020 Tr R4	Common Collective Trust	**	260,313
*	John Hancock LT Bl 2025 Tr R4	Common Collective Trust	**	1,183,313
*	John Hancock LT Bl 2030 Tr R4	Common Collective Trust	**	1,562,530
*	John Hancock LT Bl 2035 Tr R4	Common Collective Trust	**	1,859,644
*	John Hancock LT Bl 2040 Tr R4	Common Collective Trust	**	1,440,682
*	John Hancock LT Bl 2045 Tr R4	Common Collective Trust	**	1,246,967
*	John Hancock LT Bl 2050 Tr R4	Common Collective Trust	**	835,229
*	John Hancock LT Bl 2055 Tr R4	Common Collective Trust	**	864,318
*	John Hancock LT Bl 2060 Tr R4	Common Collective Trust	**	377,603
*	John Hancock LT Bl 2065 Tr R4	Common Collective Trust	**	125,120
*	Vanguard Ttl Bd Mkt Ind Adm	Mutual Fund	**	1,063
*	BlackRock Equity Dividend K	Mutual Fund	**	27,491
*	Vanguard 500 Index Fd Admiral	Mutual Fund	**	311,304
*	Eaton Vance AtlCapSMID-Cap R6	Mutual Fund	**	10,300
*	JP Morgan Large Growth R6	Mutual Fund	**	60,864
*	Vanguard Mid Cap Index Adm	Mutual Fund	**	20,352
*	Vanguard Sm Cap Index Fd Adm	Mutual Fund	**	2,532
*	Fidelity Adv Intl Cap App Z	Mutual Fund	**	32,140
*	Vanguard Dev Mrkts Indx Adm	Mutual Fund	**	22,094
*	JPMorgan US Govt MMkt Cap Cl	Mutual Fund	**	18,160
				<u>\$ 11,477,130</u>

* Indicates a party-in-interest as defined in the Employee Security Act of 1974.

** Cost information is not presented for participant-directed investments.

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2025 Tr R4		CUSIP: 47805D257		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$1,201,558.58	127,825.380	\$1,201,558.58	\$0.00	
12 Series - Buy	\$1,298,745.57	137,602.342	\$1,298,745.57	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2030 Tr R4		CUSIP: 47805D240		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$1,406,010.57	148,313.351	\$1,406,010.57	\$0.00	
11 Series - Buy	\$1,555,476.14	163,005.445	\$1,555,476.14	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2035 Tr R4		CUSIP: 47805D232		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$1,629,348.91	169,900.824	\$1,629,348.91	\$0.00	
11 Series - Buy	\$1,820,998.94	188,526.007	\$1,820,998.94	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2040 Tr R4		CUSIP: 47805D224		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$1,257,416.08	128,701.748	\$1,257,416.08	\$0.00	
11 Series - Buy	\$1,389,669.97	141,218.443	\$1,389,669.97	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2045 Tr R4		CUSIP: 47805D216		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$1,060,571.54	106,697.337	\$1,060,571.54	\$0.00	
13 Series - Buy	\$1,208,258.75	120,349.805	\$1,208,258.75	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2050 Tr R4		CUSIP: 47805D190		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$675,109.54	67,443.510	\$675,109.54	\$0.00	
11 Series - Buy	\$780,893.10	77,097.074	\$780,893.10	\$0.00	



5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: John Hancock LT BI 2055 Tr R4		CUSIP: 47805D182		Ticker:	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$699,282.07	69,858.348	\$699,282.07	\$0.00	
12 Series - Buy	\$827,706.29	81,660.462	\$827,706.29	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2024 to 12/31/2024

Asset Name: JPMorgan US Govt MMkt Cap Cl		CUSIP: 4812C0670		Ticker: OGVXX	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Sell	(\$8,958,940.27)	(8,958,940.270)	(\$8,958,940.27)	\$0.00	
Buy	\$9,011,940.27	9,011,940.270	\$9,011,940.27	\$0.00	
12 Series - Sell	(\$9,059,887.25)	(9,059,887.250)	(\$9,059,887.25)	\$0.00	
20 Series - Buy	\$9,078,048.05	9,078,048.050	\$9,078,048.05	\$0.00	

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.**

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 I.B.E.W. Local 1158 Annuity Plan	1b Three-digit plan number (PN) ▶ 004
	1c Effective date of plan 01/01/1999
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) I.B.E.W. Local 1158 1149 Bloomfield Avenue US Clifton NJ 07012	2b Employer Identification Number (EIN) 22-0886457
	2c Plan Sponsor's telephone number (973) 344-1800
	2d Business code (see instructions) 813930

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

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

SIGN HERE		<u>10/14/25</u>	George Serio
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/25</u>	George Serio
	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

E-SIGNATURE AUTHORIZATION

for

I.B.E.W. Local 1158 Annuity Plan

22-0886457/004

For Plan Year 01/01/2024 through 12/31/2024

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize EGPS to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

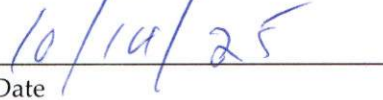
I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to EGPS before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- EGPS will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- EGPS will maintain a copy of this written authorization in its records.
- EGPS will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- EGPS shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator

Date

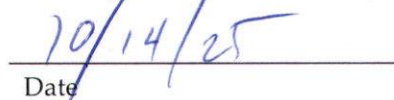


Date



Plan Sponsor

Date



Date

IBEW Local 1158 Annuity Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

2024 Form 5500
 EIN: 22-0886457
 Plan #004

(a)	(b) Identity of issuer, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	American Funds - Balanced	Investment Contract	**	\$ 6,338
	American Funds - Fundamental Investors	Investment Contract	**	881
	BlackRock Equity Dividend Fund	Investment Contract	**	106,361
	Dodge & Cox International Stock Fund	Investment Contract	**	4,016
	Fidelity Advisors New Insights Fund	Investment Contract	**	225,505
	Invesco Dev Markets Equity Fund	Investment Contract	**	2,355
	Invest Eqv International Equity Fund	Investment Contract	**	1,944
	Invesco Small Cap Equity Fund	Investment Contract	**	18,287
	Pimco Vit Real Return Port Admin	Investment Contract	**	1,302
*	VOYA Fixed Account	Investment Contract	**	80,950
*	VOYA Government Money Market Port I	Investment Contract	**	8,243
*	VOYA HighYield Portfolio	Investment Contract	**	10,647
*	VOYA Index Solution 2035 Portfolio	Investment Contract	**	44,441
*	VOYA Index Solution 2040 Portfolio	Investment Contract	**	21,389
*	VOYA Index Solution 2050 Portfolio	Investment Contract	**	12,833
*	VOYA Index Solution Inc P Adv	Investment Contract	**	7,000
*	VOYA Intermediate Bond Portfolio	Investment Contract	**	131,038
*	VOYA MidCap Opportunities Portfolio	Investment Contract	**	136,261
*	VOYA Russell MidCap Index Portfolio	Investment Contract	**	66,088
*	JH Stable Value Guaranteed Inc	Common Collective Trust	**	1,327
*	John Hancock LT Bl 2010 Tr R4	Common Collective Trust	**	85,607
*	John Hancock LT Bl 2015 Tr R4	Common Collective Trust	**	242,298
*	John Hancock LT Bl 2020 Tr R4	Common Collective Trust	**	260,313
*	John Hancock LT Bl 2025 Tr R4	Common Collective Trust	**	1,183,313
*	John Hancock LT Bl 2030 Tr R4	Common Collective Trust	**	1,562,530
*	John Hancock LT Bl 2035 Tr R4	Common Collective Trust	**	1,859,644
*	John Hancock LT Bl 2040 Tr R4	Common Collective Trust	**	1,440,682
*	John Hancock LT Bl 2045 Tr R4	Common Collective Trust	**	1,246,967
*	John Hancock LT Bl 2050 Tr R4	Common Collective Trust	**	835,229
*	John Hancock LT Bl 2055 Tr R4	Common Collective Trust	**	864,318
*	John Hancock LT Bl 2060 Tr R4	Common Collective Trust	**	377,603
*	John Hancock LT Bl 2065 Tr R4	Common Collective Trust	**	125,120
*	Vanguard Ttl Bd Mkt Ind Adm	Mutual Fund	**	1,063
*	BlackRock Equity Dividend K	Mutual Fund	**	27,491
*	Vanguard 500 Index Fd Admiral	Mutual Fund	**	311,304
*	Eaton Vance AtlCapSMID-Cap R6	Mutual Fund	**	10,300
*	JP Morgan Large Growth R6	Mutual Fund	**	60,864
*	Vanguard Mid Cap Index Adm	Mutual Fund	**	20,352
*	Vanguard Sm Cap Index Fd Adm	Mutual Fund	**	2,532
*	Fidelity Adv Intl Cap App Z	Mutual Fund	**	32,140
*	Vanguard Dev Mrkts Indx Adm	Mutual Fund	**	22,094
*	JPMorgan US Govt MMkt Cap Cl	Mutual Fund	**	18,160
				<u>\$ 11,477,130</u>

* Indicates a party-in-interest as defined in the Employee Security Act of 1974.
 ** Cost information is not presented for participant-directed investments.