

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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
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1a Name of plan <u>BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</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>BLONDER-TONGUE LABORATORIES, INC.</u> <u>ONE JAKE BROWN ROAD</u> <u>OLD BRIDGE, NJ 08857</u>	1c Effective date of plan <u>02/01/1976</u> 2b Employer Identification Number (EIN) <u>52-1611421</u> 2c Plan Sponsor's telephone number <u>732-679-4000</u> 2d Business code (see instructions) <u>335900</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.	11/14/2025	MICHAEL CENSOPLANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 02/01/2024 and ending 01/31/2025

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

A Name of plan <u>BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BLONDER-TONGUE LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>52-1611421</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>2050878</u>
	b Actuarial value	2b	<u>2255965</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>13</u>	<u>186866</u>
	b For terminated vested participants	<u>128</u>	<u>1439971</u>
	c For active participants	<u>16</u>	<u>586358</u>
	d Total	<u>157</u>	<u>2213195</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.14 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>30000</u>
	c Target normal cost	6c	<u>30000</u>

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

SIGN HERE		<u>11/14/2025</u>
	Signature of actuary	Date
	<u>JEFFREY S. WALTON</u>	<u>23-07507</u>
	Type or print name of actuary	Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u>	<u>610-647-6400</u>
	Firm name	Telephone number (including area code)
	<u>1205 WESTLAKES DRIVE, SUITE 290 BERWYN, PA 19312</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	59198	580496
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	30000	0
9	Amount remaining (line 7 minus line 8)	29198	580496
10	Interest on line 9 using prior year's actual return of <u>-3.05</u> %	-891	-17705
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	28307	79298
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	483493

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	101.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	0	
b	Contributions made to avoid restrictions adjusted to valuation date	0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 30000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	443118	40315	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 70315
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	70315	70315
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 **02/01/2024** and ending **01/31/2025**

A Name of plan BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BLONDER-TONGUE LABORATORIES, INC.	D Employer Identification Number (EIN) 52-1611421	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 17 51 28	NONE	82415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 02/01/2024 and ending 01/31/2025

A Name of plan <u>BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLONDER-TONGUE LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>52-1611421</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US INV GRD CRP LONG BOND</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-189</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>479132</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LEGAL & GEN LONG DUR US CREDIT CIT</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>35-7085469-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>478760</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET LONG DUR CREDIT CIF</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-2008758-155</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 02/01/2024 and ending 01/31/2025	
A Name of plan BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BLONDER-TONGUE LABORATORIES, INC.	D Employer Identification Number (EIN) 52-1611421

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	2008	2461
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1903	1903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	1133669	957892
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	915306	802157
(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	2052886	1764413
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2008	2461
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2008	2461
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2050878	1761952

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
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)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	25515	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25515
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)		-3947
(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)		17607
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		39175

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	240376	
(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)		240376
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	51310	
(6) Bank or trust company trustee/custodial fees	2i(6)	4000	
(7) Actuarial fees	2i(7)	32415	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		87725
j Total expenses. Add all expense amounts in column (b) and enter total	2j		328101

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-288926
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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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 564395.

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 02/01/2024 and ending 01/31/2025

A Name of plan <u>BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLONDER-TONGUE LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>52-1611421</u>	

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

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

1		0
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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): 43-1971558

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		8
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**THE ISSUANCE OF THE INDEPENDENT ACCOUNTANT'S
OPINION HAS BEEN DELAYED, AN AMENDED FILING WILL BE
SUBMITTED AS SOON AS IT BECOMES AVAILABLE**

**Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan
 EIN/PN: 52-1611421 / 002**

Schedule SB, Line 26a – Schedule of Active Participant Data

Distribution of Active Participants as of February 1, 2024 – Age by Service

Attained Age	Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	3	1	1	0	0	0	0	5
60-64	0	0	0	2	0	1	1	0	0	0	4
65-69	0	0	1	4	0	0	0	0	0	0	5
70+	0	0	0	0	0	2	0	0	0	0	2
TOTAL	0	0	1	9	1	4	1	0	0	0	16

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

The non-prescribed funding assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

For funding liabilities, the interest rates and mortality have a significant effect on the measurement and are prescribed by law and regulation. The retirement assumption has a significant effect on the measurement and is selected by the plan actuary. The retirement assumption is based on the plan's observed and anticipated experience. Each year, the retirement assumption is reviewed in comparison with the experience for the prior year to assess if the assumption is still reasonable and make changes if needed. The expected rate of return on plan assets has a significant effect on the measurement and is selected by the plan actuary. The expected rate of return on plan assets is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules and/or accounting standards as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan

EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.14%	5.28%
Funding Rates – Unconstrained**		
First Segment Rate	3.82%	1.57%
Second Segment Rate	4.59%	3.21%
Third Segment Rate	4.63%	3.66%
Effective Interest Rate	4.57%	3.36%
PBGC Premium Funding Target Rates		
First Segment Rate	4.89%	4.74%
Second Segment Rate	5.14%	4.98%
Third Segment Rate	5.29%	4.84%
Effective Interest Rate	5.19%	4.91%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The assumptions are based on the plan's anticipated experience. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.

Salary Increases

N/A

Disability Rates

50% of the rates set forth in the 1971-1975 Society of Actuaries Long Term Disability Study.

Termination Rates

Sample rates are as follows:

Age at valuation date	Number of Terminations Per 100 Employees
20	10.56
25	8.64
30	7.12
35	5.98
40	5.13
45	4.44
50	3.84
55	3.45
60	3.13

Retirement Age

Age 65.

Form of Payment

25% of the benefit is paid as a life annuity and 75% is paid as a lump sum.

Expenses

Expected plan administrative expenses of \$30,000 were added to the Target Normal Cost.

Lump sum conversion

Underlying liability interest rates and IRS Applicable Mortality Table.

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	3.50%	5.59%	3.50%
2023 Expected Return	3.50%	5.74%	3.50%
2022 Expected Return	3.50%	5.92%	3.50%

The assumed earnings rate is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

Loading or Contingency Reserves

None.

Miscellaneous

The valuation was prepared on a going-plan basis. The actuarial assumptions anticipate a modest rate of future inflation. The valuation was based on participants of the Plan as of the valuation date and did not take future participants into account. No provision has been made for contingent liabilities with respect to non-vested terminated participants who may be re-employed.

Summary of Changes from the February 1, 2023 Valuation

The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.

These changes increased the Funding Target by \$13,000.

TRUST EB FORMAT

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101017000060
BENEFIT TRUST COMPANY
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LABORATORIES, INC. BARGAINING
UNIT PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 52-1611421

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	2,050,878.09			
SECURITY TRANSACTIONS EXCEEDING 5%:				
EXCHANGE TRADED FUNDS				
VANGUARD GROUP VANGUARD WORLD FD				
SOLD 1,008 UNITS ON 02/28/2024 AT 74.663 COMMISSIONS PAID 30.24 EXPENSES PAID 0.61	75,260.30 30.85	81,759.69	76,366.08	6,530.24-
PURCHASED 196 UNITS ON 06/26/2024 AT 74.95 COMMISSIONS PAID 5.88	14,690.20 5.88	14,696.08	14,733.32	
PURCHASED 340 UNITS ON 07/08/2024 AT 73.5995 COMMISSIONS PAID 10.20	25,023.83 10.20	25,034.03	24,877.80	
PURCHASED 336 UNITS ON 07/30/2024 AT 74.68 COMMISSIONS PAID 10.08	25,092.48 10.08	25,102.56	25,727.52	
SOLD 774 UNITS ON 08/12/2024 AT 77.99 COMMISSIONS PAID 23.22 EXPENSES PAID 1.68	60,364.26 24.90	62,032.14	60,828.66	1,692.78-
PURCHASED 312 UNITS ON 11/26/2024 AT 73.12 COMMISSIONS PAID 9.36	22,813.44 9.36	22,822.80	23,122.32	
SOLD 987 UNITS ON 12/06/2024 AT 75.99 COMMISSIONS PAID 29.61 EXPENSES PAID 2.09	75,002.13 31.70	78,721.21	74,103.96	3,750.78-
PURCHASED 513 UNITS ON 12/26/2024 AT 68.1295 COMMISSIONS PAID 15.39	34,950.43 15.39	34,965.82	34,509.51	
TOTAL	333,197.07 138.36	345,134.33	334,269.17	11,973.80-
TOTAL EXCHANGE TRADED FUNDS	333,197.07 138.36	345,134.33	334,269.17	11,973.80-

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PLAN NUMBER:

EIN NUMBER: 52-1611421

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
MUTUAL FUND - MONEY MARKET				
VANGUARD GROUP RESERVE FED MM FD				
SOLD 333.33 SHS ON 02/21/2024 AT 1.00	333.33	333.33	333.33	
PURCHASED 229.45 SHS ON 02/29/2024 AT 1.00	229.45	229.45	229.45	
SOLD 1,903.39 SHS ON 02/29/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 71.65 SHS ON 02/29/2024 AT 1.00 FOR REINVESTMENT	71.65	71.65	71.65	
SOLD 4,166.67 SHS ON 03/11/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 2,494.66 SHS ON 03/13/2024 AT 1.00	2,494.66	2,494.66	2,494.66	
PURCHASED 10,000 SHS ON 03/19/2024 AT 1.00	10,000.00	10,000.00	10,000.00	
SOLD 333.33 SHS ON 03/20/2024 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 03/28/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 66.63 SHS ON 03/28/2024 AT 1.00 FOR REINVESTMENT	66.63	66.63	66.63	
PURCHASED 4,020.79 SHS ON 04/05/2024 AT 1.00	4,020.79	4,020.79	4,020.79	
SOLD 2,494.66 SHS ON 04/10/2024 AT 1.00	2,494.66	2,494.66	2,494.66	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 4,166.67 SHS ON 04/11/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 333.33 SHS ON 04/18/2024 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 04/30/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 65.3 SHS ON 04/30/2024 AT 1.00 FOR REINVESTMENT	65.30	65.30	65.30	
SOLD 4,166.67 SHS ON 05/09/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 4,166.67 SHS ON 05/10/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 2,569.5 SHS ON 05/13/2024 AT 1.00	2,569.50	2,569.50	2,569.50	
PURCHASED 18,000 SHS ON 05/16/2024 AT 1.00	18,000.00	18,000.00	18,000.00	
SOLD 333.33 SHS ON 05/20/2024 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 05/31/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 59.13 SHS ON 05/31/2024 AT 1.00 FOR REINVESTMENT	59.13	59.13	59.13	
SOLD 4,166.67 SHS ON 06/10/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 3,569.5 SHS ON 06/10/2024 AT 1.00	3,569.50	3,569.50	3,569.50	
SOLD 333.33 SHS ON 06/21/2024 AT 1.00	333.33	333.33	333.33	
PURCHASED 36,303.92 SHS ON 06/27/2024 AT 1.00	36,303.92	36,303.92	36,303.92	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 1,903.39 SHS ON 06/28/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 65.34 SHS ON 06/28/2024 AT 1.00 FOR REINVESTMENT	65.34	65.34	65.34	
PURCHASED 25,000 SHS ON 07/02/2024 AT 1.00	25,000.00	25,000.00	25,000.00	
PURCHASED 4,209.41 SHS ON 07/05/2024 AT 1.00	4,209.41	4,209.41	4,209.41	
SOLD 10,000 SHS ON 07/08/2024 AT 1.00	10,000.00	10,000.00	10,000.00	
PURCHASED 9,965.97 SHS ON 07/09/2024 AT 1.00	9,965.97	9,965.97	9,965.97	
SOLD 4,166.67 SHS ON 07/10/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 27,410.97 SHS ON 07/10/2024 AT 1.00	27,410.97	27,410.97	27,410.97	
SOLD 4,769.5 SHS ON 07/17/2024 AT 1.00	4,769.50	4,769.50	4,769.50	
SOLD 333.33 SHS ON 07/19/2024 AT 1.00	333.33	333.33	333.33	
SOLD 5,372.94 SHS ON 07/29/2024 AT 1.00	5,372.94	5,372.94	5,372.94	
PURCHASED 83,897.44 SHS ON 07/31/2024 AT 1.00	83,897.44	83,897.44	83,897.44	
SOLD 1,903.39 SHS ON 07/31/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 202.85 SHS ON 07/31/2024 AT 1.00 FOR REINVESTMENT	202.85	202.85	202.85	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 36,000 SHS ON 08/02/2024 AT 1.00	36,000.00	36,000.00	36,000.00	
SOLD 21,982.43 SHS ON 08/06/2024 AT 1.00	21,982.43	21,982.43	21,982.43	
SOLD 25,922.41 SHS ON 08/06/2024 AT 1.00	25,922.41	25,922.41	25,922.41	
SOLD 93,727.62 SHS ON 08/06/2024 AT 1.00	93,727.62	93,727.62	93,727.62	
SOLD 4,166.67 SHS ON 08/07/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
PURCHASED 22,339.36 SHS ON 08/13/2024 AT 1.00	22,339.36	22,339.36	22,339.36	
SOLD 3,069.5 SHS ON 08/13/2024 AT 1.00	3,069.50	3,069.50	3,069.50	
SOLD 333.33 SHS ON 08/20/2024 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 08/30/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 166.54 SHS ON 08/30/2024 AT 1.00 FOR REINVESTMENT	166.54	166.54	166.54	
SOLD 2,569.5 SHS ON 09/10/2024 AT 1.00	2,569.50	2,569.50	2,569.50	
SOLD 4,166.67 SHS ON 09/11/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 333.33 SHS ON 09/20/2024 AT 1.00	333.33	333.33	333.33	
PURCHASED 64.26 SHS ON 09/30/2024 AT 1.00 FOR REINVESTMENT	64.26	64.26	64.26	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 1,903.39 SHS ON 10/01/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 11,603.03 SHS ON 10/04/2024 AT 1.00	11,603.03	11,603.03	11,603.03	
SOLD 4,166.67 SHS ON 10/09/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 333.33 SHS ON 10/18/2024 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 10/31/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 69.45 SHS ON 10/31/2024 AT 1.00 FOR REINVESTMENT	69.45	69.45	69.45	
SOLD 4,166.67 SHS ON 11/13/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 2,869.5 SHS ON 11/14/2024 AT 1.00	2,869.50	2,869.50	2,869.50	
SOLD 366.1 SHS ON 11/15/2024 AT 1.00	366.10	366.10	366.10	
SOLD 2,869.5 SHS ON 11/19/2024 AT 1.00	2,869.50	2,869.50	2,869.50	
SOLD 333.33 SHS ON 11/20/2024 AT 1.00	333.33	333.33	333.33	
PURCHASED 28,477.2 SHS ON 11/27/2024 AT 1.00	28,477.20	28,477.20	28,477.20	
PURCHASED 20,000 SHS ON 11/29/2024 AT 1.00	20,000.00	20,000.00	20,000.00	
SOLD 1,903.39 SHS ON 11/29/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
SOLD 35,019.21 SHS ON 11/29/2024 AT 1.00	35,019.21	35,019.21	35,019.21	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 48.38 SHS ON 11/29/2024 AT 1.00 FOR REINVESTMENT	48.38	48.38	48.38	
SOLD 29.57 SHS ON 12/06/2024 AT 1.00	29.57	29.57	29.57	
SOLD 4,166.67 SHS ON 12/10/2024 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 2,569.5 SHS ON 12/11/2024 AT 1.00	2,569.50	2,569.50	2,569.50	
SOLD 333.33 SHS ON 12/19/2024 AT 1.00	333.33	333.33	333.33	
PURCHASED 15,555.44 SHS ON 12/27/2024 AT 1.00	15,555.44	15,555.44	15,555.44	
PURCHASED 3,899.49 SHS ON 12/30/2024 AT 1.00	3,899.49	3,899.49	3,899.49	
SOLD 1,903.39 SHS ON 12/31/2024 AT 1.00	1,903.39	1,903.39	1,903.39	
PURCHASED 53.56 SHS ON 12/31/2024 AT 1.00 FOR REINVESTMENT	53.56	53.56	53.56	
SOLD 7,733.38 SHS ON 01/02/2025 AT 1.00	7,733.38	7,733.38	7,733.38	
SOLD 4,166.67 SHS ON 01/10/2025 AT 1.00	4,166.67	4,166.67	4,166.67	
SOLD 2,569.5 SHS ON 01/13/2025 AT 1.00	2,569.50	2,569.50	2,569.50	
SOLD 333.33 SHS ON 01/22/2025 AT 1.00	333.33	333.33	333.33	
SOLD 1,903.39 SHS ON 01/31/2025 AT 1.00	1,903.39	1,903.39	1,903.39	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 59.01 SHS ON 01/31/2025 AT 1.00 FOR REINVESTMENT	59.01	59.01	59.01	
TOTAL	667,313.73	667,313.73	667,313.73	
TOTAL MUTUAL FUND - MONEY MARKET	667,313.73	667,313.73	667,313.73	
MUTUAL FUND - UNITIZED				
WESTERN ASSET LONG DURATION CREDIT CIF R2				
PURCHASED 836.82 SHS ON 02/29/2024 AT 11.95	10,000.00	10,000.00	10,066.94	
SOLD 827.13 SHS ON 06/26/2024 AT 12.09	10,000.00	10,136.32	10,033.09	136.32-
SOLD 409.836 SHS ON 07/08/2024 AT 12.20	5,000.00	5,022.46	4,979.51	22.46-
SOLD 1,461.039 SHS ON 07/30/2024 AT 12.32	18,000.00	17,904.75	18,087.66	95.25
SOLD 16,682.147 SHS ON 12/26/2024 AT 12.14	202,521.26	204,436.47	202,521.26	1,915.21-
TOTAL	245,521.26	247,500.00	245,688.46	1,978.74-
LEGAL & GENERAL LONG DURATION US CREDIT CIT				
PURCHASED 292.618 SHS ON 02/29/2024 AT 119.61	35,000.00	35,000.00	35,178.54	
SOLD 206.237 SHS ON 06/27/2024 AT 121.22	25,000.00	25,380.68	24,647.38	380.68-
SOLD 82.237 SHS ON 07/05/2024 AT 121.60	10,000.00	10,120.55	9,985.22	120.55-
SOLD 291.38 SHS ON 07/31/2024 AT 123.55	36,000.00	35,858.86	36,678.91	141.14

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 158.692 SHS ON 11/25/2024 AT 126.03	20,000.00	19,529.53	20,184.04	470.47
PURCHASED 621.677 SHS ON 12/26/2024 AT 122.25	76,000.00	76,000.00	76,006.23	
PURCHASED 83.313 SHS ON 01/09/2025 AT 120.03	10,000.00	10,000.00	9,919.25	
TOTAL	212,000.00	211,889.62	212,599.57	110.38
TOTAL MUTUAL FUND - UNITIZED	457,521.26	459,389.62	458,288.03	1,868.36-
MUTUAL FUND - LIFESTYLE FUNDS				
WTC CIF II US INVEST GRADE CORP LONG BOND SERIES 1				
PURCHASED 4,137.931 SHS ON 02/29/2024 AT 7.25	30,000.00	30,000.00	30,124.14	
PURCHASED 256.326 SHS ON 02/29/2024 AT 7.25 FOR REINVESTMENT	1,858.36	1,858.36	1,866.05	
PURCHASED 272.518 SHS ON 03/28/2024 AT 7.35 FOR REINVESTMENT	2,003.01	2,003.01	1,973.03	
PURCHASED 286.733 SHS ON 04/30/2024 AT 6.96 FOR REINVESTMENT	1,995.66	1,995.66	2,004.26	
PURCHASED 285.938 SHS ON 05/31/2024 AT 7.13 FOR REINVESTMENT	2,038.74	2,038.74	2,058.75	
SOLD 3,457.815 SHS ON 06/26/2024 AT 7.23	25,000.00	25,984.15	25,069.16	984.15-
PURCHASED 286.832 SHS ON 06/28/2024 AT 7.13 FOR REINVESTMENT	2,045.11	2,045.11	2,022.17	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 1,377.41 SHS ON 07/08/2024 AT 7.26	10,000.00	10,348.29	9,958.67	348.29-
SOLD 4,931.507 SHS ON 07/30/2024 AT 7.30	36,000.00	37,049.73	36,147.95	1,049.73-
PURCHASED 239.75 SHS ON 07/31/2024 AT 7.33 FOR REINVESTMENT	1,757.37	1,757.37	1,764.56	
PURCHASED 234.917 SHS ON 08/30/2024 AT 7.46 FOR REINVESTMENT	1,752.48	1,752.48	1,766.58	
PURCHASED 234.134 SHS ON 09/30/2024 AT 7.63 FOR REINVESTMENT	1,786.44	1,786.44	1,795.81	
PURCHASED 243.201 SHS ON 10/31/2024 AT 7.28 FOR REINVESTMENT	1,770.50	1,770.50	1,753.48	
SOLD 2,721.088 SHS ON 11/26/2024 AT 7.35	20,000.00	20,439.12	20,081.63	439.12-
PURCHASED 228.255 SHS ON 11/29/2024 AT 7.41 FOR REINVESTMENT	1,691.37	1,691.37	1,695.93	
PURCHASED 10,689.17 SHS ON 12/26/2024 AT 7.11	76,000.00	76,000.00	75,679.32	
PURCHASED 286.589 SHS ON 12/31/2024 AT 7.06 FOR REINVESTMENT	2,023.32	2,023.32	2,023.32	
PURCHASED 1,434.72 SHS ON 01/08/2025 AT 6.97	10,000.00	10,000.00	10,000.00	
PURCHASED 296.368 SHS ON 01/31/2025 AT 7.07 FOR REINVESTMENT	2,095.32	2,095.32	2,098.29	
TOTAL	229,817.68	232,638.97	229,883.10	2,821.29-

TRUST EB FORMAT

Statement Period	02/01/2024 through 01/31/2025
Account Number	101017000060
	BENEFIT TRUST COMPANY
	AS TRUSTEE FOR BLONDER TONGUE
	LABORATORIES, INC. BARGAINING
	UNIT PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 52-1611421

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
TOTAL MUTUAL FUND - LIFESTYLE FUNDS	229,817.68	232,638.97	229,883.10	2,821.29-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		1,704,476.65		



TRUST EB FORMAT

Statement Period
Account Number

02/01/2024 through 01/31/2025
101017000060
**BENEFIT TRUST COMPANY
AS TRUSTEE FOR BLONDER TONGUE
LABORATORIES, INC. BARGAINING
UNIT PENSION PLAN**

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 52-1611421

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	2,050,878.09			
SINGLE TRANSACTIONS EXCEEDING 5%:				
12/27/2024 SOLD 16,682.147 SHS WESTERN ASSET LONG DURATION CREDIT CIF R2 ON 12/26/2024 AT 12.14		204,436.47		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		204,436.47		

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BLONDER-TONGUE LABORATORIES, INC. BARGAINING UNIT PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BLONDER-TONGUE LABORATORIES, INC.		D Employer Identification Number (EIN) 52-1611421	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	2,050,878	
b Actuarial value.....	2b	2,255,965	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	13	186,866	186,866
b For terminated vested participants.....	128	1,439,971	1,439,971
c For active participants.....	16	586,358	588,753
d Total.....	157	2,213,195	2,215,590
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.14%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	30,000	
c Target normal cost.....	6c	30,000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Jeffrey S. Walton JSW</u> Signature of actuary	<u>11-14-2025</u> Date
Jeffrey S. Walton	Type or print name of actuary	2307507 Most recent enrollment number
Buck Global, LLC	Firm name	610-647-6400 Telephone number (including area code)
1205 WESTLAKES DRIVE, SUITE 290 BERWYN PA 19312	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	59,198	580,496
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	30,000	0
9	Amount remaining (line 7 minus line 8)	29,198	580,496
10	Interest on line 9 using prior year's actual return of <u>-3.05%</u>	-891	-17,705
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	28,307	79,298
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	483,493

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	101.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 67

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 30,000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	443,118	40,315
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 70,315

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	70,315	70,315

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

**Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan
 EIN/PN: 52-1611421 / 002**

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	7.4598	1.0000	7.4598	484.8902
66	0.0000	1.0000	0.0000	0.0000
67	2.0000	1.0000	2.0000	134.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
70	3.0000	1.0000	3.0000	210.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	<u>1.0000</u>	<u>74.0000</u>
Total			14.4598	971.8902
Weighted Average Retirement Age = 971.8902 / 14.4598				67.21
Rounded Weighted Average Retirement Age				67

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan

EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Summary of Plan Provisions

Plan History

Effective Date

February 1, 1976

Restatement Date

February 1, 1987

Eligibility Requirements

Minimum Age

None

Service

Employee on the Anniversary Date

Employment Class

An Employee of the Employer, Blonder Tongue Laboratories, Inc., or any other entity adopting the Plan, who is covered by a Collective Bargaining Agreement or is paid on an hourly basis and is extended coverage under the plan

Normal Retirement

Age

Age 65

Monthly Benefit

A monthly pension equal to 1/12th of the cumulative product of Credited Service times the applicable unit in effect according to the following schedule:

Credited Service	Unit Benefit
Up to 2/6/82	\$ 42.00
2/6/82 - 2/5/83	\$ 54.00
2/6/83 - 2/5/85	\$ 66.00
2/6/85 - 2/5/86	\$ 78.00
2/6/86 - 2/5/88	\$ 90.00
2/6/88 - 2/5/89	\$ 102.00
2/6/89 - 2/5/90	\$ 114.00
2/6/90 - 2/5/91	\$ 144.00
2/6/91 - 2/5/94	\$ 150.00
2/6/94 - 2/5/95	\$ 168.00
2/6/95 - 2/5/97	\$ 186.00
2/6/97 - 2/5/98	\$ 198.00
2/6/98 - 2/5/04	\$ 210.00
2/6/04 - 8/1/06	\$ 222.00

The amount of Credited Service is limited to 30 years (using the units which produce the highest benefit). The accrued benefit was frozen effective August 1, 2006.

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan

EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Form

Life Annuity

Early Retirement

Eligibility

The earlier of a. or b.:

a. The later of: attainment of age 45 and completion of 15 years of Credited Service

b. The later of: attainment of age 55 and completion of 10 years of Vesting Service

Benefit

Normal Retirement Benefit based on Years of Service at Early Retirement, actuarially reduced for Early Payment

Disability Retirement

Eligibility

Age 40 and completion of 10 years of Vesting Service

Benefit

Normal monthly retirement amount based on Credited Service to date of disability, payable the first day of the month following date of application and proof of disability.

Pre-Retirement Death Benefits

Eligibility

Fully vested

Total Benefit

50% of the amount which would have been payable to the participant had he terminated on the day of his death with a Joint and 50% to Survivor election; benefit is deferred to the participant's Earliest Retirement Date and is reduced for the Joint and Survivor Form, Early Commencement and 1/24% for each month of coverage. Eventual retirement benefits will be reduced for the coverage for participants who live to retire.

Post-Retirement Death Benefits

Based upon the optional form of payment chosen by the participant

Vesting

Percentage

100% after 5 Years of Service

Accrued Benefit

Normal Retirement Benefit based on Years of Service at Termination Date

Other Definitions

Year of Vesting Service

One-thousand-hour plan years after the Effective Date

Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan

EIN/PN: 52-1611421 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Year of Credited Service

Prior Service

Years and completed months of employment prior to February 1, 1976 by a covered employee

Future Service

For each plan year starting on and after February 1, 1976 according to the following schedule while in covered employment:

Hours	Credit
Under 1,000	0
1,000 – 1,349	1/2
1,350 – 1,799	3/4
1,800 or More	1

Top-Heavy Provisions

Status

The plan has been determined not to be Top-Heavy.

Summary of Changes from the February 1, 2023 Valuation

None.

**BLONDER TONGUR LABORATORIES INC
BARGAINING UNIT PENSION PLAN**

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**EIN: 52-1611421
PLAN NUMBER: 002**

JANUARY 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current value
	Vanguard Group	World Fund	\$ 406,240	\$ 349,564
	Vanguard Group	Bond Index Admiral Class	14,369	14,078
	Vanguard Group	Index 500 Admiral	85,725	180,342
	Vanguard Group	Scottsdale Long Term Govt Bond Index Admiral	75,522	70,703
	Vanguard Group	Total International Stock Index Admiral	93,388	104,426
	Vanguard Group	Small Cap Index Admiral	44,945	72,174
	Vanguard Group	Reserve Federal Money Market	10,870	10,870
	Legal & General	Long Duration US Credit CIT	480,880	478,760
	Wellington Trust Co	CIF II US Investment Grade Corporate Long Bond Portfolio (Series 1)	503,693	479,132
			\$ 1,715,632	\$ 1,760,049

**Blonder Tongue Laboratories, Inc. Bargaining Unit Pension Plan
 EIN/PN: 52-1611421 / 002**

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of February 1, 2024
February 1, 2024	Shortfall	15	\$ <u>40,315</u>	\$ <u>443,118</u>
Total			\$ 40,315	\$ 443,118