

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 06/01/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY
1b Three-digit plan number (PN): 503
1c Effective date of plan: 12/11/1957
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN
2b Employer Identification Number (EIN): 13-1853892
2c Plan Sponsor's telephone number: 718-591-2000
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR AVENUE FLUSHING, NY 11365	3b Administrator's EIN 13-0891035																				
	3c Administrator's telephone number 718-591-2000																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN																				
	4d PN																				
5 Total number of participants at the beginning of the plan year	5 9336																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>9336</td></tr> <tr><td>6a(2)</td><td>0</td></tr> <tr><td>6b</td><td>0</td></tr> <tr><td>6c</td><td>0</td></tr> <tr><td>6d</td><td>0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	9336	6a(2)	0	6b	0	6c	0	6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)	9336																				
6a(2)	0																				
6b	0																				
6c	0																				
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 _____

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		97890
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **06/01/2024**

<p>A Name of plan VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN</p>	<p>D Employer Identification Number (EIN) 13-1853892</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	62057	403006512	8201	01/01/2024	03/31/2024

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

(a) Total amount of commissions paid 1845	(b) Total amount of fees paid 1652
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE LLC **65 MADISON AVE**
STE 200
CHESTER, NJ 07930

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1845	734	MATERIAL PREP, ENROLLMENT, BILLING	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC **669 RIVER DR CENTER II**
STE 305
ELMWOOD PARK, NJ 07407

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	18354
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **06/01/2024**

A Name of plan VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN	D Employer Identification Number (EIN) 13-1853892	

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

AMALGAMATED BANK

13-4920330

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

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

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

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

JOINT INDUSTRY BOARD

13-0891035

(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?
14 50	PLAN ADMINISTRATOR	98190	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)

SEIX INVESTMENTS ADVISORS LLC

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	22680	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)

COHEN WEISS AND SIMON LLP

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
25 28 50 62 63 99	NONE	1255	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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 01/01/2024 and ending 06/01/2024

A Name of plan <u>VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY</u>	B Three-digit plan number (PN)	<u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN</u>	D Employer Identification Number (EIN) <u>13-1853892</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW BROAD MARKET 3000 INDEX FD

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

c EIN-PN <u>46-2044954-020</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>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)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 06/01/2024	
A Name of plan VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN	D Employer Identification Number (EIN) 13-1853892

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	20448	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1420088	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	567273	0
(2) U.S. Government securities	1c(2)	24339225	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8876634	0
(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)	10830643	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6622420	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	52676731	0
Liabilities			
g Benefit claims payable.....	1g	583500	0
h Operating payables.....	1h	22123	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1296782	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1902405	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50774326	0

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)	133361	
(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)		133361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	38977	
(B) U.S. Government securities.....	2b(1)(B)	341603	
(C) Corporate debt instruments.....	2b(1)(C)	218317	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	58557	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		657454
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	16833170	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16828240	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4930
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-426896	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-426896

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1065011
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1433860

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	297053	
(2) To insurance carriers for the provision of benefits	2e(2)	186810	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		483863
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)	98190	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	22680	
(6) Bank or trust company trustee/custodial fees	2i(6)	8016	
(7) Actuarial fees	2i(7)	844	
(8) Legal fees	2i(8)	9910	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8913	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		148553
j Total expenses. Add all expense amounts in column (b) and enter total	2j		632416

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		801444
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		51575770

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: RSM US LLP

(2) EIN: 42-0714325

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		15000000
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		1843233
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT	13-0891045	505

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 _____.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Financial Report
June 1, 2024 and December 31, 2023

Contents

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<hr/>	
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Independent Auditor's Report

Board of Trustees
Vacation, Holiday and Unemployment Plan of the Electrical Industry

Opinion

We have audited the financial statements of Vacation, Holiday and Unemployment Plan of the Electrical Industry (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of June 1, 2024, December 31, 2023 and 2022, the related statements of changes in net assets available for benefits and of changes in benefit obligations for the period from January 1, 2024 to June 1, 2024 and the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 1, 2024, December 31, 2023 and 2022, and the changes in its net assets available for benefits and changes in benefit obligations for the period from January 1, 2024 to June 1, 2024 and the years ended December 31, 2023 and 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, on May 16, 2024, the Plan was approved to merge with the Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account effective June 1, 2024. All plan assets and obligations were transferred from the Plan on June 1, 2024. Our opinion has not been modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules Schedule H, line 4(i)—schedule of assets (held at end of year) as of December 31, 2023, and Schedule H, line 4(j)—schedule of reportable transactions for the period from January 1, 2024 to June 1, 2024 and the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

RSM US LLP

New York, New York
December 9, 2024

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Statements of Net Assets Available for Benefits and of Benefit Obligations June 1, 2024, December 31, 2023 and 2022

	2024	2023	2022
Assets			
Investments:			
Investments, at fair value	\$ -	\$ 51,166,347	\$ 48,378,547
Collateral for securities loaned	-	69,848	1,520,208
Total investments	-	51,236,195	49,898,755
Cash	-	20,448	69,932
Due from broker for pending securities sold	-	1,062,304	350,402
Accrued interest receivable and other assets	-	357,784	219,232
Total assets	-	52,676,731	50,538,321
Liabilities			
Accrued expenses and other liabilities	-	16,960	16,919
Due to broker for pending securities purchased	-	1,226,934	590,080
Due to Joint Industry Board of the Electrical Industry, net	-	5,163	15,646
Collateral payable	-	69,848	1,520,208
Total liabilities	-	1,318,905	2,142,853
Net assets available for benefits	-	51,357,826	48,395,468
Benefit obligations:			
Vacation benefit obligations	-	290,000	214,000
Critical illness benefit obligations	-	293,500	200,700
Total benefit obligations	-	583,500	414,700
Excess of net assets available for benefits over benefit obligations	\$ -	\$ 50,774,326	\$ 47,980,768

See notes to financial statements.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations Period from January 1, 2024 to June 1, 2024 and Years ended December 31, 2023 and 2022

	2024	2023	2022
Contributions:			
Employers' contributions	\$ 133,361	\$ 354,274	\$ 297,332
Investment income (loss) :			
Net appreciation (depreciation) in fair value of investments	643,045	2,978,421	(5,166,141)
Investment and other income	657,454	1,302,779	650,584
Total investment income (loss)	1,300,499	4,281,200	(4,515,557)
Deductions:			
Pooled vacation benefits paid	226,280	237,570	191,210
Term life premium paid to insurance company	186,810	488,668	512,261
Critical illness benefits paid	271,330	403,697	361,134
Benefits paid to participants and beneficiaries from individual account balances:			
Lump-sum distributions	13,200	225,017	166,806
Vacation benefits	-	-	8,338
Unemployment benefits	373	-	-
Death benefits	20	6,649	893
Holiday benefits	850	3,699	3,524
Administrative and recordkeeping expenses, including \$98,190 in 2024, \$206,379 in 2023 and \$168,955 in 2022, charged by the Joint Industry Board of the Electrical Industry	117,857	260,204	180,316
Investment management, consultant and custodian fees	30,696	47,612	48,022
Total deductions	847,416	1,673,116	1,472,504
Net increase (decrease) in net assets available for benefits, before transfer	586,444	2,962,358	(5,690,729)
Transfer out of net assets (See Note 1 and 6)	(51,944,270)	-	-
Net (decrease) increase in net assets available for benefits	(51,357,826)	2,962,358	(5,690,729)
Net increase in benefit obligations:			
Benefits earned	282,610	810,067	646,544
Benefits paid	(497,610)	(641,267)	(552,344)
Transfer out of benefit obligations (See Note 1 and 6)	(368,500)	-	-
Net (decrease) increase in benefit obligations	(583,500)	168,800	94,200
Net (decrease) increase in net assets available for benefits over benefit obligations	(50,774,326)	2,793,558	(5,784,929)
Excess of net assets available for benefits over benefit obligations:			
Beginning	50,774,326	47,980,768	53,765,697
Ending	\$ -	\$ 50,774,326	\$ 47,980,768

See notes to financial statements.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: Vacation, Holiday and Unemployment Plan of the Electrical Industry (the Plan) was established pursuant to an Agreement and Declaration of Trust dated December 11, 1957, restated and amended effective August 20, 2018. The Plan, which is administered by the Joint Industry Board of the Electrical Industry (JIB or Plan Administrator) subject to oversight of the Vacation, Holiday and Unemployment Plan Trustees, has as its principal activity the collection and investment of funds received from electrical contractors for the purpose of providing certain benefits to members of Local Union No. 3 of the International Brotherhood of Electrical Workers, AFL-CIO (Local 3). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On June 1, 2024, the Plan merged with Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account (Pension Welfare Plan). See Note 6 for further details.

Contributions: Under the terms of the Collective Bargaining Agreements (the Agreements) between Contractors Associations and independent contractors (the Participating Employers) and Local 3, the Participating Employers contributed to the pooled fund within the Plan as follows:

- a. Some Collective Bargaining Agreements provide for contributions to the pooled fund to provide vacation benefits.
- b. One Collective Bargaining Agreement provides for an hourly contribution to provide life insurance benefits.

Benefits: The Plan provides that each eligible participant, as defined in the Trust, shall receive the following benefits from their individual accounts (based on account balance) or from the pooled fund based on their Collective Bargaining Agreement:

- a. Participants for the Participating Employers in New York City and White Plains, New York for the 12-month period preceding January 1 shall be paid vacation benefits determined as of March 1 of each year based on eligibility, as defined, of the preceding 12 months. The basic vacation benefits for all eligible participants are: (a) two week vacation each year for those participants who have worked 12 months as of March 1; (b) three week vacation each year for those participants who have worked seven years or more; (c) four week vacation each year for those participants who have worked 15 years or more; and (d) five week vacation each year for those participants who have worked 30 years or more.
- b. Holiday benefits are paid to an eligible participant equivalent to his or her normal day's wages. Annual holidays include: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and Harry Van Arsdale Jr.'s Birthday, which shall be celebrated on the day after Thanksgiving Day and Christmas Day, which shall be paid holidays. In the event any of the regular holidays fall on a Saturday, this holiday will be celebrated the preceding Friday. In the event any holiday falls on a Sunday, it will be celebrated the next day, Monday. In addition, one Collective Bargaining Agreement allows Good Friday as a holiday.
- c. Unemployment benefits are paid to eligible participants who become unemployed to the extent funds are available from the unemployed employee's account balance in weekly amounts defined by the employee's Collective Bargaining Agreement.
- d. Lump-sum distributions, equal to the participants' remaining account balance, will be paid when a participant retires, dies or withdraws from the electrical industry.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

- e. For life insurance, eligible A-rated journeypersons covered under the New York City and other applicable Collective Bargaining Agreements are eligible for life insurance benefits. Upon the death of an eligible participant, there will be a life insurance benefit payable to the participant's beneficiary. The benefit amount ranges from \$12,500 to \$50,000 based on the participant's age at death.

The life insurance benefits are provided through Lincoln Life and Annuity Company, an insurance company and the premiums paid for the 2023 and 2022 years are reflected in the statements of changes in net assets available for benefits and of changes in benefit obligations.

Effective April 1, 2024, the life insurance benefits are provided through the Mutual of Omaha Life Insurance Company. The premiums paid during the period between April 1, 2024 and June 1, 2024 are reflected in the statements of changes in net assets available for benefits and of changes in benefit obligations.

- f. Active A-rated journeypersons covered under the New York City and other applicable Collective Bargaining Agreements are eligible for critical illness benefits, which are self-insured by the Plan. The critical illness benefit provides a lump-sum payment of up to \$5,000 to participants who suffer a heart attack, stroke, cancer or several other critical conditions.

The critical illness benefits earned and paid are reflected in the statements of changes in net assets available for benefits and of changes in benefit obligations.

The foregoing description of the Plan provides only general information. Participants should refer to the applicable Collective Bargaining Agreements and the summary plan description booklet for a more complete description of the Plan's provisions. Copies of these pamphlets are available from the Plan Administrator.

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 2 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recognized as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses: The Plan Administrator allocates certain administrative and recordkeeping costs to the Plan, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred and volume of transactions relating to the Plan in relation to the various other entities administered by JIB.

Expenses incurred to manage and hold the Plan's investments are included in investment management, consultant and custodian fees on the statements of changes in net assets available for benefits and of changes in benefit obligations.

Basis of accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

Participant accounts: Participant accounts are credited with a portion of the Plan's earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The earnings or losses are allocated twice a year based on the participant's account balance at June 30 and December 31. The total balance of individual participant accounts was \$1,590,105 and \$1,803,367 at December 31, 2023 and 2022, respectively. The Participant accounts are \$0 as of June 1, 2024 and \$1,617,114 was transferred to the Pension Welfare Plan. The Participants share in the Plan's investments and are not participant-directed.

Benefit obligations: Vacation benefit obligations are the vested benefits earned for the participants in the pooled fund that are remaining for the 2023 and 2022 years. Plan management determines the amount of benefit obligations based on the Agreement. As part of the plan merger, the Plan transferred an obligation of \$231,500 to the Pension Welfare Plan related to the Vacation benefit as of June 1, 2024. See Note 6 for further information.

The critical illness benefit obligations are the vested benefits earned and estimated for certain eligible participants as of December 31, 2023 and 2022. As part of the plan merger, the Plan transferred an obligation of \$137,000 to the Pension Welfare Plan related to the critical illness benefit as of June 1, 2024. See Note 6 for further information.

Benefit payments: Benefit payments are recorded when paid.

Employer contributions and related receivables: Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. There was no allowance for uncollectible employer contribution receivables as of June 1, 2024. As of December 31, 2023 and 2022, the allowance for uncollectible employer contribution receivables was \$341 and \$475, respectively.

Estimates: The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash: The Plan maintains its cash in bank deposit accounts at a high-credit-quality financial institution. These balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Plan balances may, at times, be in excess of the federally insured limit; however, the Plan has not experienced any losses and does not believe it is exposed to any significant credit risk.

The Plan also maintains zero balance checking accounts. As checks are written, they are recorded as disbursements in the financial statements. Checks are funded as presented to the bank for payment. Outstanding checks at year-end are recorded as an offset against cash.

Due from (to) Joint Industry Board of the Electrical Industry: Amounts due from (to) JIB primarily result from the annual review of the expense allocation and Accounts Payable cash accounts held in the name of JIB.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

Subsequent events: The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was December 9, 2024, for these financial statements.

Note 2. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below.

Level 1: Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liability (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3: Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the estimated valuations that market participants would use in pricing the asset or liability (including assumptions about risk).

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 1, 2024, December 31, 2023 and 2022.

Investments in asset-backed securities, corporate bonds, federal agency obligations, government securities and mortgage securities: Fair values are based on third-party pricing sources obtained by the custodian. Pricing sources principally obtain broker-dealer quotes of such obligations or similar obligations to value these securities. In instances where broker-dealer quotes are not available, pricing sources utilize models that incorporate pertinent data, such as bid matrices.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

Investments measured at net asset value (NAV): Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund/trust less its liability. This practical expedient is not used when it is determined to be probable that the fund/trust will sell the investment for an amount different than the reported NAV.

The valuation method described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation method is appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no investments as of June 1, 2024. The following tables present the Plan's investments by type at fair value as of December 31, 2023 and 2022.

Type of Investment	Investments as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Asset-backed securities	\$ -	\$ 2,073,528	\$ -	\$ 2,073,528
Corporate bonds	-	8,876,634	-	8,876,634
Federal agency obligations	-	4,114,570	-	4,114,570
Government securities	-	20,224,655	-	20,224,655
Mortgage securities	-	2,705,659	-	2,705,659
Total assets in the fair value hierarchy	\$ -	\$ 37,995,046	\$ -	37,995,046
Investments measured at NAV (a)				13,241,149
Total investments at fair value				\$ 51,236,195

Type of Investment	Investments as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Asset-backed securities	\$ -	\$ 1,693,473	\$ -	\$ 1,693,473
Corporate bonds	-	6,245,840	-	6,245,840
Federal agency obligations	-	2,597,158	-	2,597,158
Government securities	-	26,557,985	-	26,557,985
Total assets in the fair value hierarchy	\$ -	\$ 37,094,456	\$ -	37,094,456
Investments measured at NAV (a)				12,804,299
Total investments at fair value				\$ 49,898,755

- (a) In accordance with the guidance by FASB Accounting Standards Update (ASU) 2015-07, *Subtopic 820-10*, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits and of benefit obligations.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

There were no investments at NAV as of June 1, 2024. The following table sets forth disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2023 and 2022.

Investment	2023	2022	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Electrical Industry Real Estate Fund LLC (a)	\$ 1,843,233	\$ 1,827,593	\$ -	See (a) below	See (a) below
Longview Broad Market 3000 Index Fund (b)	10,830,643	9,522,809	-	Daily	None
State Street Institutional Liquid Reserves Fund (c)	497,425	783,142	-	Daily	None
State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (d)	69,848	670,755	-	Daily	None
	<u>\$ 13,241,149</u>	<u>\$ 12,804,299</u>			

- (a) The Electrical Industry Real Estate Fund LLC (the Fund) is administered by JIB and is owned by the Plan and two other related plans. The Plan's investment in the Fund is valued monthly and there is no option in the Fund for voluntary redemption. The Fund invests in a portfolio of mortgage-backed securities and loans geared to provide stability of principal and returns consistent with medium-duration fixed-income securities.
- (b) The Plan's investment in the Longview Broad Market 3000 Index Fund, direct filing entity, has no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions.
- (c) The Plan's investment in Street Institutional Liquid Reserves Fund has no restrictions on the NAV price or its equivalent. There are no known or anticipated redemptions. The Funds' investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long-term by investing in securities of a short-term nature.
- (d) The State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust's investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long term by investing in securities of a short-term nature. The Trust has no restrictions on the NAV price or its equivalent.

Note 3. Securities Lending

The Plan has an agreement with its custodian, State Street Bank and Trust Company, to allow it to lend the Plan's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian will obtain cash and non-cash collateral of 102% of the fair value of the loaned securities in accordance with the terms of the contract with the Plan's custodian and the Plan to secure the loaned securities. The non-cash collateral is invested in government securities which are classified as government securities at Level 2 in the fair value hierarchy. The non-cash collateral for securities loaned at December 31, 2023 and 2022, was \$0 and \$849,453, respectively. The cash collateral obtained is invested in a privately offered commingled cash collateral fund. The cash collateral for securities loaned at December 31, 2023 and 2022, was \$69,848 and \$670,755, respectively, and is measured at NAV per share as provided by the issuer. The cash and non-cash collateral may not be sold or re-pledged by the Plan. The total fair value of all outstanding securities loaned, which are fully collateralized at December 31, 2023 and 2022, it was approximately \$68,000 and \$1,489,000, respectively. There was no cash or noncash collateral as of June 1, 2024.

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 4. Risk and Uncertainties

Investments in any single corporate issue, other than U.S. government and agency issues, U.S. government instruments and agency mortgage-backed securities, are typically limited to no more than 5% of the portfolio. The Plan holds approximately 21% and 19% of investments, at fair value, in Longview Broad Market 3000 Index Fund at December 31, 2023 and 2022, respectively. The Plan's investment managers regularly evaluate the credit standing of these institutions, which is considered in the Plan's investment strategy. Information about these financial instruments is described in Note 2.

The Plan's investment securities are subject to various risks such as interest rate and credit risk. Due to risks associated with certain investment securities, values of investment securities could change, affecting the amounts reported in the accompanying financial statements.

Note 5. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated October 21, 1985, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association, except to the extent that any unrelated business taxable income is not set aside for the exempt purposes of the Plan. All such set-asides have been made for the period ended June 1, 2024 and years ended December 31, 2023, and 2022. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Management evaluated all of the Plan's tax positions for all open tax years and has concluded that the Plan has taken no uncertain tax positions that requires adjustment to the financial statements.

Note 6. Plan Merger

On June 1, 2024, the Plan merged with the Pension Welfare Plan. The merger is intended to enhance the benefits offered to participants and help assist in the payment of benefits.

The following table summarizes the assets, liabilities and benefit obligations transferred:

	<u>2024</u>
Plan net assets transferred:	
Cash and cash equivalents	\$ 162,465
Investments	51,653,963
Receivables	3,896,176
Payables	<u>(3,768,334)</u>
Total plan net assets transferred	<u>\$ 51,944,270</u>
Benefit obligations transferred:	
Vacation benefit obligations	\$ (231,500)
Critical care illness benefit obligations	<u>(137,000)</u>
Total obligations transferred	<u>\$ (368,500)</u>

Vacation, Holiday and Unemployment Plan of the Electrical Industry

Notes to Financial Statements

Note 7. Related Party and Party-in-Interest Transactions

State Street Bank and Trust Company and Amalgamated Bank are the Plan's custodians and the Plan also invests in a short-term investment fund managed by State Street. Longview Broad Market 3000 Index Fund is managed by Amalgamated Bank. In addition, the Plan invests in the Electrical Industry Real Estate Fund LLC, which is managed by Morgan Stanley and administered by JIB. The Plan also holds bank accounts at Deutsche Bank used for cash transactions in the ordinary course of administering the Plan. Finally, as described in Notes 1 and 3, the Plan has several other arrangements with JIB and service providers related to plan operations. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 1, 2024, December 31, 2023 and 2022, to Form 5500.

	June 1, 2024	December 31, 2023	December 31, 2022
Net assets available for benefits per the financial statements	\$ -	\$ 51,357,826	\$ 48,395,468
Vacation benefit obligations	-	290,000	214,000
Critical illness benefit obligations	-	293,500	200,700
Net assets per the Form 5500	<u>\$ -</u>	<u>\$ 50,774,326</u>	<u>\$ 47,980,768</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500:

	Year Ended December 31, 2023
Net increase in net assets available for benefits per the financial statements	\$ 2,962,358
Less amounts currently payable at December 31, 2023	(583,500)
Add amounts currently payable at December 31, 2022	414,700
Net income per the Form 5500	<u>\$ 2,793,558</u>

	Period from January 1, 2024 to June 1, 2024
Net increase in net assets available for benefits per the financial statements	\$ 586,444
Add amounts currently payable at December 31, 2023	583,500
Transfer out of benefit obligations at June 1, 2024	(368,500)
Net income per the Form 5500	<u>\$ 801,444</u>

**Vacation, Holiday and Unemployment Plan of the Electrical Industry
EIN #13-1853892
Plan #503**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2023**

Identity of Issue and Description of Investment	Cost	Current Value
*ELECTRICAL INDUSTRY REAL ESTATE FUND LLC	\$ 1,827,593	\$ 1,843,233
*LONGVIEW BROAD MARKET 3000 INDEX FUND	5,856,952	10,830,643
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	69,848	69,848
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	497,425	497,425
AMERICAN EXPRESS COMPANY SENIOR UNSECURED 1.000% 10/30/2026	297,000	302,806
AMERICAN EXPRESS CREDIT ACCOUNT 3.750% 08/15/2027	244,997	240,825
AMGEN INCORPORATED 5.150% 03/02/2028	700,982	718,673
ASSURED GUARANTY UNITED STATES HOLDING COMPANY GUARANTEE 6.125% 09/15/2028	139,301	146,941
AT&T INCORPORATED SENIOR UNSECURED 5.539% 02/20/2026	509,000	509,112
ATMOS ENERGY KANSAS SENIOR SECURED 5.155% 03/01/2035	214,964	217,232
BANK OF AMERICA CORPORATION SENIOR UNSECURED 1.000% 09/25/2025	191,000	184,340
BANK OF AMERICA CREDIT CARD 5.000% 04/15/2028	300,870	301,731
BARCLAYS DRYROCK INSURANCE 3.070% 02/15/2028	334,950	326,472
CANADIAN PACIFIC RAILWAY COMPANY GUARANTEE 1.750% 12/02/2026	388,155	360,631
CAPITAL ONE MULTI ASSET EXECUTIVE COMET 2022 4.950% 10/15/2027	295,381	295,802
CHARLES SCHWAB CORPORATION SENIOR UNSECURED 1.000% 05/19/2029	61,000	62,574
CHASE ISSUANCE TRUST 2023 5.080% 09/15/2030	354,972	362,878
CITIBANK CREDIT CARD ISSUANCE TRUST 1.000% 05/14/2029	189,922	190,787
CONSUMERS 23 SECURE FUND SENIOR SECURED 5.210% 09/01/2031	74,968	76,704
DELL INTERNATIONAL LIMITED LIABILITY COMPANY COMPANY GUARANTEE 5.250% 02/01/2028	289,894	297,212
DISCOVER CARD EXECUTION NOTE 3.320% 05/15/2027	274,985	269,154
DTE ELECT SECURE FUND II SENIOR SECURED 5.970% 03/01/2033	269,907	283,341
ENTERGY TEXAS RESTORATION SENIOR SECURED 3.051% 12/15/2028	164,283	157,046
EQUINOR ASA COMPANY GUARANTEE 1.750% 01/22/2026	268,084	254,353
FEDERAL HOME LOAN MORTGAGE CORPORATION MULTIFAMILY STRUCTURED 1.000% 07/25/2028	252,774	254,205
FEDERAL HOME LOAN MORTGAGE CORPORATION MULTIFAMILY STRUCTURED 2.700% 10/25/2025	202,481	201,622
FEDERAL HOME LOAN POOL SC0111 FR 3.000% 06/01/2038	248,885	246,755
FEDERAL HOME LOAN POOL ZS3201 FR 4.500% 05/01/2041	192,103	198,128
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AH0520 4.000% 12/01/2040	224,463	231,887
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AN1336 2.680% 05/01/2026	285,976	283,145
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AN2495 2.550% 09/01/2028	165,842	166,275
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AN2843 2.540% 11/01/2028	171,854	175,716
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AN4335 3.050% 01/01/2027	141,169	138,991
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL AN7163 2.940% 10/01/2027	110,044	108,181
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL BS1828 1.580% 05/01/2028	131,348	129,517
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL BS5055 2.400% 03/01/2029	110,900	115,054
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL CA3564 3.500% 06/01/2038	98,167	91,379
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL CA4875 3.000% 11/01/2038	87,914	79,713
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL CB4647 4.500% 09/01/2042	238,517	238,429
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL CB4648 4.500% 09/01/2042	242,107	242,630
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL FS3386 1.000% 05/01/2038	461,476	456,688
FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL MA4997 4.500% 03/01/2033	351,021	351,431
FREDDIE MAC SMALL BALANCE MULTIFAMILY MORTGAGE 2021 1.000% 11/25/2025	400,154	400,127
FREDDIE MAC SMALL BALANCE MULTIFAMILY MORTGAGE 2021 1.000% 01/25/2026	560,179	551,904
GENERAL MOTORS FINANCIAL COMPANY GUARANTEE 5.250% 03/01/2026	203,121	208,133
GENERAL MOTORS FINANCIAL COMPANY SENIOR UNSECURED 2.400% 10/15/2028	186,264	192,640

* Denotes party in interest as defined by ERISA.

**Vacation, Holiday and Unemployment Plan of the Electrical Industry
EIN #13-1853892
Plan #503**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2023**

Identity of Issue and Description of Investment	Cost	Current Value
GOLDNMAN SACHS GROUP INCORPORATED SENIOR UNSECURED 1.000% 09/10/2027	\$ 325,126	\$ 297,504
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 2009 5.000% 08/20/2039	321,069	323,610
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 2015 3.500% 02/16/2034	342,672	342,059
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION II POOL 5.550% 08/20/2049	872,582	860,650
HYUNDAI AUTO RECEIVABLES TRUST 2.220% 10/15/2026	218,491	213,524
INGERSOLL RAND INCORPORATED SENIOR UNSECURED 5.400% 08/14/2028	140,494	145,292
JPMORGAN CHASE COMPANY SENIOR UNSECURED 1.000% 06/01/2025	233,000	228,011
JPMORGAN CHASE COMPANY SENIOR UNSECURED 1.000% 08/22/2027	254,610	261,158
KANSAS GAS SERVICE SECURITIZATION LLC SENIOR SECURED 5.486% 08/01/2034	220,740	225,461
MARATHON PETROLEUM CORPORATION SENIOR UNSECURED 4.700% 05/01/2025	429,555	425,098
MORGAN STANLEY SENIOR UNSECURED 1.000% 05/04/2027	274,876	254,304
PEPSICO INCORPORATED SENIOR UNSECURED 4.450% 05/15/2028	267,701	272,669
PG&E WILDFIRE RECOVERY SENIOR SECURED 4.022% 06/01/2033	255,650	254,162
PHILIP MORRIS INTERNATIONAL INCORPORATED SENIOR UNSECURED 4.875% 02/15/2028	377,168	383,048
PIONEER NATURAL RESOURCE SENIOR UNSECURED 1.125% 01/15/2026	299,318	279,397
PNC FINANCIAL SERVICES SENIOR UNSECURED 1.000% 10/20/2027	185,919	192,942
SHERWIN WILLIAMS COMPANY SENIOR UNSECURED 4.050% 08/08/2024	297,962	295,315
SYNCHRONY CARD ISSUANCE TRUST 3.370% 04/15/2028	248,131	244,491
TAPESTRY INCORPORATED SENIOR UNSECURED 7.350% 11/27/2028	255,307	268,541
TARGA RESOURCES CORPORATION COMPANY 5.200% 07/01/2027	193,807	194,931
UNITED STATES TREASURY NOTE 0.250% 09/30/2025	3,534,121	3,433,519
UNITED STATES TREASURY NOTE 0.500% 03/31/2025	3,941,018	3,814,690
UNITED STATES TREASURY NOTE 0.875% 06/30/2026	3,650,576	3,511,200
UNITED STATES TREASURY NOTE 1.875% 02/28/2027	2,896,467	2,904,127
UNITED STATES TREASURY NOTE 2.750% 07/31/2027	4,285,909	4,303,321
UNITED STATES TREASURY NOTE 3.500% 01/31/2028	1,297,050	1,305,076
UNITED STATES TREASURY NOTE 4.125% 07/31/2028	943,364	952,722
VERIZON MASTER TRUST 5.230% 11/22/2027	259,964	259,994
WELLS FARGO COMPANY SENIOR UNSECURED 1.000% 03/24/2028	175,144	170,770
WESTINGHOUSE AIR BRAKE COMPANY GUARANTEE 3.200% 06/15/2025	426,865	412,781
WILLIAMS COMPANIES INCORPORATED SENIOR UNSECURED 4.000% 09/15/2025	364,120	343,515
Total investments	\$ 46,671,968	\$ 51,236,195

**Vacation, Holiday and Unemployment Plan of the Electrical Industry
EIN #13-1853892
Plan #503**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2023**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transactions Date	Net Current Gain or (Loss)
Single Transactions:					
LONGVIEW BROAD MARKET 3000 INDEX	\$ 6,429,541	\$ -	\$ 6,429,541	\$ 6,429,541	\$ -
LONGVIEW BROAD MARKET 3000 INDEX	-	6,429,541	6,429,541	6,429,541	-
Series Transactions:					
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$ 8,599,471	\$ -	\$ 8,599,471	\$ 8,599,471	\$ -
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	-	10,049,831	10,049,831	10,049,831	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	11,252,774	-	11,252,774	11,252,774	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	11,538,491	11,538,491	11,538,491	-
UNITED STATES TREASURY NOTE 0.250% 09/30/2025	2,265,102	-	2,265,102	2,265,102	-
UNITED STATES TREASURY NOTE 0.250% 09/30/2025	-	2,034,540	2,139,503	2,034,540	(104,963)
UNITED STATES TREASURY NOTE 0.375% 07/15/2024	-	3,412,164	3,519,784	3,412,164	(107,620)
UNITED STATES TREASURY NOTE 1.875% 02/28/2027	2,568,922	-	2,568,922	2,568,922	-
UNITED STATES TREASURY NOTE 2.500% 01/31/2024	-	3,506,920	3,608,707	3,506,920	(101,787)
UNITED STATES TREASURY NOTE 1.875% 02/28/2027	-	2,383,378	2,460,122	2,383,378	(76,744)
UNITED STATES TREASURY NOTE 2.750% 07/31/2027	6,028,846	-	6,028,846	6,028,846	-
UNITED STATES TREASURY NOTE 2.750% 07/31/2027	-	2,382,677	2,380,538	2,382,677	2,139
UNITED STATES TREASURY NOTE 3.500% 01/31/2028	2,176,869	-	2,176,869	2,176,869	-
UNITED STATES TREASURY NOTE 3.500% 01/31/2028	-	863,727	882,373	863,727	(18,646)
UNITED STATES TREASURY NOTE 4.125% 07/31/2028	1,793,886	-	1,793,886	1,793,886	-
UNITED STATES TREASURY NOTE 4.125% 07/31/2028	-	850,884	850,907	850,884	(23)
LONGVIEW BROAD MARKET 3000 INDEX	-	7,439,541	7,057,018	7,439,541	382,523

* Denotes party in interest as defined by ERISA.

**Vacation, Holiday and Unemployment Plan of the Electrical Industry
 EIN #13-1853892
 Plan #503**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions
 Period Ended June 1, 2024**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transactions Date	Net Current Gain or (Loss)
Series Transactions:					
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$ 6,600,729		\$ 6,600,729	\$ 6,600,729	\$ -
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		6,600,729	6,600,729	6,600,729	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	4,179,527		4,179,527	4,179,527	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		4,286,130	4,286,130	4,286,130	-
UNITED STATES TREASURY NOTE 0.500% 03/31/2025		3,845,233	3,958,420	3,845,233	(113,187)
UNITED STATES TREASURY NOTE 2.750% 07/31/2027	1,845,750		1,845,750	1,845,750	-
UNITED STATES TREASURY NOTE 2.750% 07/31/2027		2,195,157	2,207,034	2,195,157	(11,877)
UNITED STATES TREASURY NOTE 3.500% 01/31/2028	3,954,175		3,954,175	3,954,175	-
UNITED STATES TREASURY NOTE 3.500% 01/31/2028		504,011	509,443	504,011	(5,432)

* Denotes party in interest as defined by ERISA.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 06/01/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: VACATION HOLIDAY UNEMPLOYMENT PLAN OF THE ELECTRICAL INDUSTRY
1b Three-digit plan number (PN): 503
1c Effective date of plan: 12/11/1957
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF VACATION HOLIDAY UNEMPLOYMENT PLAN
2b Employer Identification Number (EIN): 13-1853892
2c Plan Sponsor's telephone number: 718-591-2000
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Enter name of individual signing as plan administrator. Includes handwritten signature and date 1-21-25.

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

Form 5500 (2024) v. 240311

Attachment to Form 5500
Schedule H, Line 4j – Schedule of Reportable Transactions

Plan Name: Vacation Holiday Unemployment Plan of the Electrical Industry

Plan Sponsor's Name: Board of Trustees of the Vacation Holiday Unemployment Plan

EIN: 13-1853892

PN: 503

Plan Year End: 06/01/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.

Attachment to Form 5500
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan Name: Vacation Holiday Unemployment Plan of the Electrical Industry

Plan Sponsor's Name: Board of Trustees of the Vacation Holiday Unemployment Plan

EIN: 13-1853892

PN: 503

Plan Year End: 06/01/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.