

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY
1b Three-digit plan number (PN): 507
1c Effective date of plan: 06/12/1980
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY
2b Employer Identification Number (EIN): 11-2585905
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 (2023) v. 230707

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	<table border="1"> <tr> <td style="width: 50px;">5</td> <td style="text-align: right;">23660</td> </tr> </table>	5	23660																		
5	23660																				
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 style="text-align: right;">14488</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">13799</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">9445</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">23244</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)	14488	6a(2)	13799	6b	9445	6c	0	6d	23244	6e		6f		6g(1)		6g(2)		6h	
6a(1)	14488																				
6a(2)	13799																				
6b	9445																				
6c	0																				
6d	23244																				
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).....	<table border="1"> <tr> <td style="width: 50px;">7</td> <td style="text-align: right;">397</td> </tr> </table>	7	397																		
7	397																				

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:
 4D

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> 1 </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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY		B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY		D Employer Identification Number (EIN) 11-2585905

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
EMPIRE HEALTHCHOICE ASSURANCE, INC.

(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
23-7391136	55093	375299	424	10/01/2022	09/30/2023

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	(b) Total amount of fees paid
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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

(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	

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	(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)		
(2) Dividends and credits			
(3) Interest credited during the year			
(4) Transferred from separate account.....			
(5) Other (specify below)			
▶			
(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)
	(2) Administration charge made by carrier		7e(2)
	(3) Transferred to separate account.....		7e(3)
	(4) Other (specify below)		7e(4)
▶			
(5) Total deductions	7e(5)	0	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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	279946
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY	D Employer Identification Number (EIN) 11-2585905	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	1086240	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)

EMPIRE HEALTHCHOICE ASSURANCE, INC.

23-7391136

(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?
12 13 15 49 50 62	NONE	949150	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)

DD SERVICES, INC.

11-2705347

(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?
12 50	NONE	155650	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)

INSIGHT NORTH AMERICA LLC

82-0983489

(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	79535	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)

H&H GRAPHIC PRINTING COMMUNICATIONS

27-0771521

(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?
49 50	NONE	67227	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)

MILLMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	12000	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)

DEUTSCHE BANK

13-6065488

(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?
18 50	NONE	5409	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	5321	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)

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?
28 50 99	NONE	1718	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"/>

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.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY</u>	B Three-digit plan number (PN) ▶	<u>507</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY</u>	D Employer Identification Number (EIN) <u>11-2585905</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:	<u>LONGVIEW BROAD MARKET 3000 INDEX FU</u>	
b Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>	
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>10722728</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY	B Three-digit plan number (PN)	507
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY	D Employer Identification Number (EIN) 11-2585905	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 489259	805756
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 2996800	32409
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 549353	364385
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1091409	3525617
(2) U.S. Government securities	1c(2) 18432010	9053536
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 28485139	15267292
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5) 10715458	9360954
(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) 19445080	10722728
(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) 3773445	2941779
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 15506358	13907768

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	101484311	65982224
Liabilities			
g Benefit claims payable	1g	4368000	3860000
h Operating payables	1h	130417	42556
i Acquisition indebtedness	1i		
j Other liabilities	1j	539418	277688
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5037835	4180244
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	96446476	61801980

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)	2525530	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	1503850	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4029380
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	161835	
(B) U.S. Government securities	2b(1)(B)	531488	
(C) Corporate debt instruments	2b(1)(C)	1185332	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	413410	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2292065
(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)	139874986	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	151401523	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-11526537
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10529340	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2877648
(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)		54964
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8256860

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40242573	
(2) To insurance carriers for the provision of benefits.....	2e(2)	259023	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		40501596
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)	2191040	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	79535	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	10396	
(7) Actuarial fees.....	2i(7)	12000	
(8) Legal fees.....	2i(8)	5321	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	101468	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		2399760
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42901356

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-34644496
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Dental Benefit Fund of the Electrical Industry

Financial Report and Supplementary Information
June 30, 2024

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RSM US LLP

Independent Auditor's Report

Board of Trustees
Dental Benefit Fund of the Electrical Industry

Opinion

We have audited the financial statements of Dental Benefit Fund of the Electrical Industry (the Fund), 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 benefit obligations as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits and in benefit obligations for the years then ended, 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 Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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 Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 Fund'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 Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2024, and schedule of reportable transactions for the year ended June 30, 2024, 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 VS LLP

New York, New York
April 9, 2025

Dental Benefit Fund of the Electrical Industry

Statements of Net Assets Available for Benefits June 30, 2024 and 2023

	2024	2023
Assets		
Investments:		
Investments, at fair value	\$ 64,540,569	\$ 97,092,821
Collateral for securities loaned	239,105	356,078
Total investments, at fair value	64,779,674	97,448,899
Cash	805,756	489,259
Contributions receivable from employers, net	32,409	2,996,800
Due from broker for pending securities sold	-	114,550
Due from affiliates	23,015	-
Accrued interest receivable and other assets	341,370	434,803
Total assets	65,982,224	101,484,311
Liabilities		
Due to broker for pending securities purchased and other	38,583	183,340
Accrued expenses and other	20,533	28,994
Due to affiliates	22,023	101,423
Collateral payable	239,105	356,078
Total liabilities	320,244	669,835
Net assets available for benefits	\$ 65,661,980	\$ 100,814,476

See notes to financial statements.

Dental Benefit Fund of the Electrical Industry

Statements of Changes in Net Assets Available for Benefits Years Ended June 30, 2024 and 2023

	2024	2023
Additions:		
Contributions from employers, net of \$33,629 and \$23,017 received in fiscal year 2024 and 2023, respectively, under reciprocal agreements	\$ 2,525,530	\$ 34,463,179
Other contributions	1,503,850	1,509,381
Investment and other income	2,292,065	2,403,849
Net appreciation in fair value of investments	1,935,415	749,571
Total additions	8,256,860	39,125,980
Deductions:		
Dental claims paid	40,750,573	44,484,578
Premiums paid to insurance company	259,023	289,533
Total benefit payments	41,009,596	44,774,111
Claim fees	1,104,800	1,169,220
Administrative and recordkeeping expenses, including \$1,086,240 in fiscal year 2024 and \$1,067,792 in fiscal year 2023, charged by the Joint Industry Board of the Electrical Industry	1,205,030	1,129,734
Investment management and custodian fees	89,930	104,643
Total administrative expenses and fees	2,399,760	2,403,597
Total deductions	43,409,356	47,177,708
Net decrease in net assets available for benefits	(35,152,496)	(8,051,728)
Net assets available for benefits:		
Beginning	100,814,476	108,866,204
Ending	\$ 65,661,980	\$ 100,814,476

See notes to financial statements.

Dental Benefit Fund of the Electrical Industry

Statements of Benefit Obligations June 30, 2024 and 2023

	2024	2023
Amounts currently payable:		
Claims payable, claims incurred but not paid or reported and premiums due to insurers	\$ 3,860,000	\$ 4,368,000
Other benefit obligations for current benefit coverage, at present value of estimated amounts:		
Accumulated eligibility credits	1,410,000	1,520,000
Total benefit obligations other than postretirement benefit obligations	5,270,000	5,888,000
Postretirement benefit obligations:		
Current retirees, beneficiaries and dependents	203,073,853	230,608,756
Other participants fully eligible for benefits	90,740,515	112,162,320
Other participants not yet fully eligible for benefits	96,359,084	127,674,739
Total postretirement benefit obligations	390,173,452	470,445,815
Total benefit obligations	\$ 395,443,452	\$ 476,333,815

See notes to financial statements.

Dental Benefit Fund of the Electrical Industry

Statements of Changes in Benefit Obligations Years Ended June 30, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance, beginning	\$ 4,368,000	\$ 3,501,000
Claims and premiums incurred	40,501,596	45,641,111
Claims and premiums paid	(41,009,596)	(44,774,111)
Balance, ending	3,860,000	4,368,000
Other benefit obligations for current benefit coverage, at estimated amounts:		
Balance, beginning	1,520,000	1,410,000
Net change during year	(110,000)	110,000
Balance, ending	1,410,000	1,520,000
Total benefit obligations for current benefit coverage	5,270,000	5,888,000
Postretirement benefit obligations:		
Balance, beginning	470,445,815	354,233,797
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid:		
Service cost	8,704,557	6,300,421
Interest cost	22,634,636	15,635,742
Expected benefits paid	(17,235,057)	(13,696,427)
Subtotal	14,104,136	8,239,736
Actuarial experience gain/loss	(51,751,608)	41,961,681
Plan amendments	-	29,365,234
Change in actuarial assumptions	(42,624,891)	36,645,367
Subtotal	(94,376,499)	107,972,282
Balance, ending	390,173,452	470,445,815
Total benefit obligations, end of year	\$ 395,443,452	\$ 476,333,815

See notes to financial statements.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: Dental Benefit Fund of the Electrical Industry (the Fund) was established pursuant to an Agreement and Declaration of Trust dated as of July 1, 1980. The Fund is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Fund, which is administered by Joint Industry Board of the Electrical Industry (JIB or the Fund Administrator), has as its principal activity the collection and investment of contributions received from electrical contractors for the purpose of providing group dental benefits under the terms of a collective bargaining agreement (the Agreement) between Local Union No. 3 of the International Brotherhood of Electrical Workers, AFL-CIO (Local 3) and New York Electrical Contractors Association, Inc. and Association of Electrical Contractors, Inc. (Participating Employers) and other employers. Since April 19, 2022, the majority of Participating Employers have contributed at the weekly rate of 3.14% for A rated journeypersons, and 3.04% for administrative personnel and expeditors of standard gross wages. In addition, the weekly employer contribution rate for M and MIJ rated journeypersons was 2.04%.

Effective August 1, 2023, the Fund reallocated employer contributions into Pension, Hospitalization and Benefit Plan of the Electrical Industry—Welfare Account. This occurred through June 30, 2024 and has been approved through January 31, 2025.

The Fund has a group contract with Empire Blue Cross Blue Shield (Blue Cross), which is renewable on an annual basis. The Fund is responsible for actual benefit payments pursuant to a schedule of maximum allowances for covered dental services. Blue Cross administers the program for which it receives an administrative fee for each payment made pursuant to the contract. The Fund also established an alternative dental program with Blue Cross. This alternative program is renewable on an annual basis and has an emphasis on preventive care. Under this fully insured arrangement, the Fund pays a fixed monthly premium of \$53.56, for each participant who elects this alternative program.

In addition to the above programs, the Fund has an agreement with DD Services, Inc., which is renewable on an annual basis. The Fund is billed for dental services that are provided by participating dentists according to an established fee schedule. DD Services, Inc. administers the program for which it receives an administrative fee for each claim made pursuant to the contract.

Administrative fees paid to Blue Cross and DD Services, Inc. are reported as claim fees in the statements of changes in net assets available for benefits.

The Fund joined International Health and Welfare Reciprocity Plan for the Electrical Industry effective August 1, 1982. In accordance with this agreement, the Fund is required to remit funds received from contributing employers on behalf of temporary employees to the employees' participating local union.

The foregoing description of the Fund provides only general information. Participants should refer to the *Summary Plan Description* booklet for a more complete description of the vesting and benefit provisions of the Fund. Copies of this document are available from the Fund Administrator.

Basis of accounting: The financial statements of the Fund 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).

Estimates: The preparation of 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.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

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

Investment valuation and income recognition: Investments held by the Fund 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 are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividends date. Net appreciation (depreciation) includes the Fund's gains and losses on investments bought and sold as well as held during the year.

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 the employers. The Fund 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. As of June 30, 2024 and 2023, the allowance for doubtful accounts was \$24,657 and \$28,811, respectively. Changes in the allowance for doubtful accounts are recorded in employers' contributions in the statements of changes in net assets available for benefits.

Other contributions: Other contributions represent employer contributions received for participants who are employees of JIB and from certain other participating employers, as well as amounts received from participants under Consolidated Omnibus Budget Reconciliation Act (COBRA) for benefits. Contributions from JIB, as well as certain other employers, are charged at the same rate as participants pay under COBRA.

Dental claims and premiums paid: Dental claims and premiums are not recorded as claims or premiums until the Fund reimburses the claims processor or pays the insurer.

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

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

Postretirement benefits: The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributable to employee service rendered through June 30, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service in the industry rendered to the valuation date.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary using the projected unit credit method and is the amount that results from applying actuarial assumptions to historical paid loss data to estimate the ultimate cost and to adjust such estimates for the time-value of money through discounts for interest and the reserve for claims currently payable. For the years ended June 30, 2024 and 2023, the actuary used the Pri-2012 Blue Collar Sex-distinct Employee/Annuitant Mortality Table projection using scale MP-2021 and Pri-2012 Total Dataset Sex-distinct Disabled Mortality Table projection using MP-2021.

Effective October 1, 2023, the Fund approved coverage for certain noncovered services at 50% of the recommended allowable reimbursement and increased the reimbursements for the top 15 utilized services by 20%. This amendment increased the accumulated plan benefit obligations by approximately \$29 million.

The discount rate utilized to calculate the actuarial present value of the postretirement benefit obligations at June 30, 2024 and 2023, was 5.35% and 4.90%, respectively. Retirement rates range from 1% at age 55 to 100% at age 70 and over for both years. It is estimated that the change in the discount rate would decrease the accumulated plan benefit obligations by approximately \$27 million as of June 30, 2024.

For measurement purposes, a 4% rate of increase in the dental trend rates was assumed for the years ended June 30, 2024 and 2023. This assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the plan benefit obligations by approximately \$61,489,000 and \$78,163,000 as of June 30, 2024 and 2023, respectively.

Benefit obligations other than postretirement benefit obligations: Benefit obligations other than postretirement benefit obligations include dental claims currently payable, dental claims incurred but not yet reported, premiums due to insurers and accumulated eligibility credits. Claims paid by the claims processor prior to the year-end and premiums due that are not reimbursed or paid by the Fund as of year-end, are recorded as claims and premiums payable and included in amounts currently payable on the statements of benefit obligations. Claims incurred but not yet reported are estimated by Fund management based on an analysis of actual and historical payments made. Obligations for COBRA are covered by current monthly contributions.

The active employee accumulated eligibility credits benefit obligation is based on current benefit costs per active employee and the actuarial present value of future benefits expected to be paid during unemployment.

At June 30, 2024 and 2023, the Fund's total benefit obligations exceeded its net assets available for benefits; however, the Fund expects that the net assets available for benefits and future contributions by the Participating Employers will be sufficient to fund obligations as incurred.

These actuarial assumptions are based on the presumption that the Fund will continue. If the Fund were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

Subsequent events: The Fund 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 April 9, 2025, for these financial statements.

Dental Benefit Fund of the Electrical Industry

Notes to 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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Mutual fund: Valued at the daily closing price as reported by the Fund. The mutual fund held by the Fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily net asset value (NAV) and to transact at that price, which constitutes an active market.

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.

Investments measured at NAV: Valued at the 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.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

Futures contracts: Fair values are based on the last reported sales price on the active market on which the futures contracts are traded.

The valuation methods 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 Fund believes that its valuation methods are 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.

The following tables present the Fund's investments by type at fair value as of June 30, 2024 and 2023:

Type of Security	Investments as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Assets:				
Asset backed securities	\$ -	\$ 6,227,914	\$ -	\$ 6,227,914
Corporate bonds	-	15,267,292	-	15,267,292
Federal agency obligations	-	489,644	-	489,644
Futures contracts	33,563	-	-	33,563
Government securities	-	9,128,891	-	9,128,891
Mortgage securities	-	2,193,390	-	2,193,390
Mutual fund	2,941,779	-	-	2,941,779
Total assets in the fair value hierarchy	<u>\$ 2,975,342</u>	<u>\$ 33,307,131</u>	<u>\$ -</u>	<u>\$ 36,282,473</u>
Investments measured at NAV (a)				28,497,201
Total investments at fair value				<u>\$ 64,779,674</u>
Liabilities:				
Futures contracts (b)	\$ (24,659)	\$ -	\$ -	\$ (24,659)
	<u>\$ (24,659)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (24,659)</u>
Type of Security	Investments as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Asset backed securities	\$ -	\$ 3,692,412	\$ -	\$ 3,692,412
Corporate bonds	-	28,485,142	-	28,485,142
Federal agency obligations	-	15,002,591	-	15,002,591
Futures contracts	79,064	-	-	79,064
Government securities	-	4,887,486	-	4,887,486
Mortgage securities	-	4,464,910	-	4,464,910
Mutual fund	3,773,445	-	-	3,773,445
Total assets in the fair value hierarchy	<u>\$ 3,852,509</u>	<u>\$ 56,532,541</u>	<u>\$ -</u>	<u>\$ 60,385,050</u>
Investments measured at NAV (a)				37,063,849
Total investments at fair value				<u>\$ 97,448,899</u>
Liabilities:				
Futures contracts (b)	\$ (52,243)	\$ -	\$ -	\$ (52,243)
	<u>\$ (52,243)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (52,243)</u>

(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 the line items presented in the statements of net assets available for benefits.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

(b) Futures contracts are included in due to broker for pending securities purchased and other in the statements of net assets available for benefits.

The following table sets forth additional disclosures of the Fund's investments whose fair value is estimated using NAV per share as of June 30, 2024 and 2023:

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2024	2023			
State Street Institutional Liquid Reserves Fund (c)	\$ 3,286,512	\$ 735,332	\$ -	Daily	None
Longview Broad Market 3000 Index Fund (d)	10,722,728	19,445,080	-	Daily	None
BGO Diversified US Property Fund LP (e)	9,360,954	10,715,458	-	Quarterly	45 days
Ellington Structured Credit ERISA Fund (f)	4,887,902	5,811,901	-	Monthly	30 days
State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (g)	239,105	356,078	-	Daily	None
	<u>\$ 28,497,201</u>	<u>\$ 37,063,849</u>			

- (c) The Fund's investment in the State Street Institutional Liquid Reserves Fund has no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions. The Fund'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.
- (d) The Fund'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.
- (e) BGO Diversified US Property Fund LP (formerly MEPT Edgemoor, LP) invests in rental properties that include retail office and multi-family buildings located predominately in the United States. This investment is valued quarterly. Regarding the redemption notice period, the agreement states that withdrawal requests must occur no later than 45 calendar days before the last business day of the quarter in which the Fund wants the withdrawal request to be effective. Redemption proceeds are sent to investors 11 business days after the end of the quarter.
- (f) Ellington Structured Credit ERISA Fund (E-ERISA) is a long-only, open-ended, ERISA-eligible fund that utilizes Ellington's proprietary models, fundamental research, and analytics in its disciplined approach to investing within higher quality segments of the structured credit universe, specifically non-agency RMBS, CLO and CMBS. Most of these assets carry investment grade ratings. E-ERISA seeks to enhance returns through active trading and sector rotation in order to generate a stable return stream with limited duration exposure. E-ERISA is valued on a monthly basis. The redemption frequency is monthly with one month notice.
- (g) 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.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 3. Securities Lending

The Fund has an agreement with its custodian, State Street Bank and Trust Company (State Street), to allow it to lend the Fund's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian obtains cash and noncash collateral of 102% of the fair value of the loaned securities in accordance with the terms of the contract with the Fund's custodian and the Fund to secure the loaned securities. The noncash collateral consists of government securities which are classified as Level 2 in the fair value hierarchy. The noncash collateral for securities loaned at June 30, 2024 and 2023, was \$0. The cash collateral obtained is invested in a privately offered commingled cash collateral fund. The cash collateral for securities loaned at June 30, 2024 and 2023, was \$239,105 and \$356,078, respectively, and is measured at NAV per share as provided by the issuer. The cash and noncash collateral may not be sold or repledged by the Fund. The total fair value of all outstanding securities loaned, which are fully collateralized, at June 30, 2024 and 2023, was approximately \$234,000 and \$350,000, respectively.

Note 4. Derivative Instruments

The Fund holds investments in futures contracts in a separately managed account. The Fund's investment manager generally buys and sells futures contracts to replicate cash bond exposures or adjust overall portfolio risk positions such as hedging against declines in the value of portfolio securities. Variation margin payments are equal to the daily changes in contract value and are recorded as realized gains and losses.

Risks of entering into futures contracts include the possibility that there may be an illiquid market and that changes in the value of the contract may not correlate with changes in the value of the underlying securities. In no case were individual notional positions greater than 5% of the Fund's net assets.

Although the contract or notional amount of these instruments is not recorded on the financial statements, these instruments are recognized as either an asset or a liability, depending on the rights or obligations of the contract measured at fair value. As of June 30, 2024 and 2023, the Fund held investments in derivatives (financial futures), included in due to broker for pending securities purchased and other and investments in the statements of net assets available for benefits, valued at \$8,904 and \$26,821, respectively.

The tables below represent the fair and notional values of the futures contracts at June 30, 2024 and 2023, respectively:

Security Description	Maturity Date	2024				
		Gross Amounts of Recognized Assets at Fair Value	Gross Offsetting		Notional Value	
			Fair Value	Amounts of Recognized		
				Fair Value		Liabilities at Fair Value
U.S. Treasury 2-Year Note Futures	September 30, 2024	\$ 33,430	\$ -	\$ 33,430	\$ 14,091,094	
U.S. Treasury 5-Year Note Futures	September 30, 2024	133	-	133	106,578	
U.S. Treasury Long Bond Futures	September 30, 2024	-	(1,313)	(1,313)	(118,313)	
U.S. Treasury 10-Year Ultra Futures	September 30, 2024	-	(3,055)	(3,055)	(454,125)	
U.S. Treasury 10-Year Note Futures	September 30, 2024	-	(20,291)	(20,291)	(2,749,609)	
		<u>\$ 33,563</u>	<u>\$ (24,659)</u>	<u>\$ 8,904</u>	<u>\$ 10,875,625</u>	

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 4. Derivative Instruments (Continued)

		2023			
Security Description	Maturity Date	Gross Amounts	Gross Offsetting	Fair Value	Notional Value
		of Recognized Assets at Fair Value	Amounts of Recognized Liabilities at Fair Value		
U.S. Treasury 2-Year Note Futures	September 30, 2023	\$ -	\$ (5,812)	\$ (5,812)	\$ 406,688
U.S. Treasury 5-Year Note Futures	September 30, 2023	-	(43,806)	(43,806)	2,570,250
U.S. Treasury Long Bond Futures	September 30, 2023		(2,625)	(2,625)	253,812
U.S. Treasury 10-Year Ultra Futures	September 30, 2023	4,581	-	4,581	(473,750)
U.S. Treasury Ultra Futures Bond	September 30, 2023	17,580	-	17,580	2,588,156
U.S. Treasury 10-Year Note Futures	September 30, 2023	56,903	-	56,903	(3,592,500)
		<u>\$ 79,064</u>	<u>\$ (52,243)</u>	<u>\$ 26,821</u>	<u>\$ 1,752,656</u>

The change in unrealized and realized gains and losses on the futures contracts for the year ended June 30, 2024, which is included in the net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits, were \$(17,917) and \$(192,429), respectively. The change in unrealized and realized gains and losses on the futures contracts for the year ended June 30, 2023, which is included in the net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits, were \$101,087 and \$276,208, respectively.

Note 5. Risks and Uncertainties

Fund contributions are made and the fund benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the accompanying financial statements.

Note 6. Concentration of Investment Risk

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. At June 30, 2024 and 2023, the Fund held 16.61% and 20.03%, respectively, of the portfolio in the Longview Broad Market 3000 Index Fund. The Fund's investment managers regularly evaluate the credit standing of these institutions, which are considered in the Fund's investment strategy. Information about these financial instruments is described in Notes 2 and 3.

The Fund'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.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 7. Due From (To) Affiliates

	2024	2023
JIB	\$ 23,015	\$ -
	<u>\$ 23,015</u>	<u>\$ -</u>
JIB	\$ -	\$ (74,994)
Pension Hospitalization and Benefit Plan of the Electrical Industry—Welfare Account	(22,023)	(26,429)
	<u>\$ (22,023)</u>	<u>\$ (101,423)</u>

Amounts due from (to) affiliates result from transactions with related entities throughout the year. Amounts due from (to) JIB result from the annual review of the expense allocation (see Note 1). Amounts due to the Pension Hospitalization and Benefit Plan of the Electrical Industry—Welfare Account relate to pending reimbursements of amounts under reciprocal agreements.

Note 8. Tax Status

The trust established under the Fund has received an exemption letter from the Internal Revenue Service, dated November 12, 1984, 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.

The Fund and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. JIB, as the Fund Administrator, believes the Fund is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust is tax-exempt.

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

Note 9. Fund Termination

Although they have not expressed any intent to do so, the trustees have the right under the Agreement and Declaration of Trust to modify the benefits provided to participants and to terminate the Fund, subject to the provisions of applicable law and the terms of the collective bargaining agreements. In the event of a termination of the Fund, the trustees shall apply remaining balances in the Fund to pay or provide for the payment of any and all obligations of the Fund and distribute and apply any remaining surplus in such manner as will, in their opinion, best effectuate the purposes of the Fund and underlying trust agreement provided, however, that no part of the corpus or income of the Fund shall be used or diverted to purposes other than the exclusive benefit of participants, retired participants and dependents of either or the reasonable administrative expenses of the Fund.

Note 10. Related-Party and Party-in-Interest Transactions

State Street and Amalgamated Bank are the Fund's custodians and the Fund also invests in short-term investment funds managed by State Street and the Longview Broad Market 3000 Index Fund managed by Amalgamated Bank. The Fund also holds a bank account at Deutsche Bank used for cash transactions in the ordinary course of administering the Fund. In addition, as described in Notes 1, 3 and 7, the Fund has several other arrangements with JIB and service providers related to Fund operations. These transactions are considered exempt party-in-interest transactions under ERISA.

Dental Benefit Fund of the Electrical Industry

Notes to Financial Statements

Note 11. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2024 and 2023, to Form 5500:

	June 30	
	2024	2023
Net assets available for benefits per the financial statements	\$ 65,661,980	\$ 100,814,476
Less claims payable, claims incurred but not paid or reported and premiums due to insurers	(3,860,000)	(4,368,000)
Net assets available for benefits per the Form 5500	<u>\$ 61,801,980</u>	<u>\$ 96,446,476</u>

The following is a reconciliation of dental claims and premiums paid to insurance company per the financial statements to the Form 5500:

	Year Ended June 30, 2024
Dental claims and premiums paid to insurance company per the financial statements	\$ 41,009,596
Add claims payable, claims incurred but not paid or reported and premiums due to insurers at June 30, 2024	3,860,000
Less claims payable, claims incurred but not paid or reported and premiums due to insurers at June 30, 2023	(4,368,000)
Dental claims and premiums paid to insurance company per the Form 5500	<u>\$ 40,501,596</u>

Dental Benefit Fund of the Electrical Industry

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
June 30, 2024

Employer Identification Number: 11-2585905
Plan Number: 507

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	*LONGVIEW BROAD MARKET 3000 IND LONGVIEW BROAD MARKET		\$ 5,118,588	\$ 10,722,728
	*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		239,105	239,105
	*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		3,286,292	3,286,512
	ADANI PORTS AND SPECIAL SR UNSECURED 144A 07/24 3.375		224,244	224,584
	AEP TEXAS INC SR UNSECURED 05/29 5.45		179,949	180,938
	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 01/25 3.5		198,913	197,492
	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/26 2.45		279,613	279,849
	AES CORP/THE SR UNSECURED 06/28 5.45		82,961	82,815
	AIR CANADA SR SECURED 144A 08/26 3.875		63,754	63,730
	ALLY AUTO RECEIVABLES TRUST ALLYA 2024 1 A3		73,990	73,818
	AMER AIRLINE 21 1A EETC PASS THRU CE 01/36 2.875		119,543	102,413
	AMEREN CORP SR UNSECURED 03/28 1.75		214,302	212,673
	AMERICAN HOMES 4 RENT SR UNSECURED 07/31 2.375		239,373	194,995
	AMERICAN TOWER CORP SR UNSECURED 08/29 3.8		158,866	158,013
	AMGEN INC SR UNSECURED 03/30 5.25		125,724	125,918
	AT+T INC SR UNSECURED 02/28 4.1		200,225	178,553
	AVIS BUDGET RENTAL CAR FUNDING AESOP 2021 2A A 144A		170,327	171,081
	AVIS BUDGET RENTAL CAR FUNDING AESOP 2024 2A A 144A		324,917	322,415
	BANCO SANTANDER SA 08/28 5.588		200,000	201,850
	BANK OF AMERICA CORP SR UNSECURED 03/29 VAR		499,119	482,851
	BAT CAPITAL CORP COMPANY GUAR 08/30 6.343		60,000	62,552
	BGO DIVERSIFIED US PRPTY FD US PROPERTY FD LP		3,882	9,360,954
	BOEING CO SR UNSECURED 02/26 2.196		216,398	214,293
	BOEING CO SR UNSECURED 03/29 3.2		203,586	181,880
	BOF URSA FUNDING BVABS 2024 SN1 C 144A		24,997	24,976
	BP CAPITAL MARKETS PLC COMPANY GUAR 12/99 VAR		45,332	46,076
	BRASKEM NETHERLANDS COMPANY GUAR 144A 01/30 4.5		339,244	270,582
	BRAVO RESIDENTIAL FUNDING TRUS BRAVO 2023 NQM5 A2 144A		83,832	83,987
	BRIGHTSHE FIN GLBL FUND SECURED 144A 04/27 5.55		199,944	199,236
	BRIXMOR OPERATING PART SR UNSECURED 02/25 3.85		49,289	49,456
	BUILDERS FIRSTSOURCE INC COMPANY GUAR 144A 03/34 6.375		105,086	103,951
	CAESARS ENTERTAIN INC SR SECURED 144A 02/30 7		56,212	57,214
	CAESARS ENTERTAIN INC SR SECURED 144A 02/32 6.5		7,000	7,034
	CALIFORNIA ST CAS 10/26 FIXED 2.375		200,726	188,990
	CAPITAL ONE FINANCIAL CO SR UNSECURED 03/27 3.75		180,871	172,877
	CARNIVAL HLDGS BM LTD COMPANY GUAR 144A 05/28 10.375		83,400	83,359
	CARRIER GLOBAL CORP SR UNSECURED 02/30 2.722		212,229	181,107
	CARVANA AUTO RECEIVABLES TRUST CRVNA 2021 P4 A3		118,728	115,905
	CARVANA AUTO RECEIVABLES TRUST CRVNA 2023 P1 A3 144A		180,596	180,416
	CARVANA AUTO RECEIVABLES TRUST CRVNA 2024 P1 A3 144A		297,971	296,346
	CENTENE CORP SR UNSECURED 10/30 3		120,000	102,608
	CF HIPPOLYTA ISSUER LLC SORT 2020 1 A1 144A		148,391	140,635
	CHARTER COMM OPT LLC/CAP SR SECURED 07/25 4.908		34,330	33,670
	CHENIERE CORP CHRISTI HD SR SECURED 11/29 3.7		239,903	221,760
	CHENIERE ENERGY PARTNERS COMPANY GUAR 06/33 5.95		27,943	28,390
	CITGO PETROLEUM CORP SR SECURED 144A 06/25 7		118,998	119,968
	CITIGROUP COMMERCIAL MORTGAGE CGCMT 2020 GC46 A2		123,121	112,658
	CITIGROUP INC JR SUBORDINA 12/99 VAR		87,899	98,641
	CITIGROUP INC SR UNSECURED 02/30 VAR		154,430	154,096
	CITIZENS FINANCIAL GROUP SR UNSECURED 01/30 VAR		33,000	32,897
	CNH EQUIPMENT TRUST CNH 2021 A A3		57,054	56,815
	CNH INDUSTRIAL CAP LLC COMPANY GUAR 04/29 5.1		110,116	110,554
	COLT FUNDING LLC COLT 2023 3 A2 144A		90,487	91,468
	COLUMBIA PIPELINE HOLDCO SR UNSECURED 144A 08/26 6.055		105,896	105,836
	COMM MORTGAGE TRUST COMM 2019 GC44 A5		296,657	249,362
	CONNECTICUT ST CTS 07/25 FIXED 2.098		35,000	33,920
	CONSTELLATION BRANDS INC SR UNSECURED 02/26 5		93,915	93,766
	COREBRIDGE GLOB FUNDING SECURED 144A 06/26 5.35		169,912	169,857
	CROSS MORTGAGE TRUST CROSS 2024 H2 A2 144A		48,889	48,815
	CSAIL COMMERCIAL MORTGAGE TRUS CSAIL 2017 CX10 A4		213,785	192,461
	CVS HEALTH CORP SR UNSECURED 03/28 4.3		24,869	24,141
	DB MASTER FINANCE LLC DNKN 2017 1A A2II 144A		152,602	155,752
	DELL EQUIPMENT FINANCE TRUST DEFT 2022 2 B 144A		98,796	99,000
	DELL INT LLC / EMC CORP SR UNSECURED 06/26 6.02		57,508	56,586
	DIAMONDBACK ENERGY INC COMPANY GUAR 01/30 5.15		114,811	114,514
	DOMINOS PIZZA MASTER ISSUER LL DPABS 2018 1A A2II 144A		134,511	136,666
	DUKE ENERGY CORP SR UNSECURED 09/26 2.65		212,559	211,756

* Denotes a party in interest as defined by ERISA.

Dental Benefit Fund of the Electrical Industry

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
June 30, 2024

Employer Identification Number: 11-2585905
Plan Number: 507

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	ELECTRICITE DE FRANCE SA SR UNSECURED 144A 05/28 5.7		\$ 210,256	\$ 209,089
	ELLINGTON STRUCTURED CR ERISA		4,100,000	4,887,902
	ENBRIDGE INC COMPANY GUAR 03/33 5.7		47,947	48,377
	ENBRIDGE INC COMPANY GUAR 10/26 1.6		107,245	106,808
	ENBRIDGE INC COMPANY GUAR 11/29 3.125		129,946	117,378
	ENERGY TRANSFER LP COMPANY GUAR 04/29 5.25		89,911	89,644
	ENERGY TRANSFER LP COMPANY GUAR 144A 02/31 7.375		85,639	85,566
	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR		128,448	132,094
	ENERGY TRANSFER LP SR UNSECURED 02/28 5.55		106,784	106,859
	ENTERPRISE FLEET FINANCING LLC EFF 2022 1 A3 144A		160,240	160,712
	EVERSOURCE ENERGY SR UNSECURED 01/34 5.5		31,837	31,395
	EXETER AUTOMOBILE RECEIVABLES EART 2024 3A C		29,993	30,102
	EXTRA SPACE STORAGE LP COMPANY GUAR 04/28 5.7		38,988	39,436
	FANNIE MAE FNR 1997 46 PL		1,851	1,838
	FED HM LN PC POOL A15851 FG 12/33 FIXED 5.5		7,853	7,967
	FED HM LN PC POOL C01095 FG 11/30 FIXED 7		80	82
	FED HM LN PC POOL C01345 FG 04/32 FIXED 7		1,101	1,128
	FED HM LN PC POOL C01351 FG 05/32 FIXED 6.5		1,127	1,152
	FED HM LN PC POOL C01385 FG 08/32 FIXED 6.5		2,816	2,873
	FED HM LN PC POOL C25584 FG 04/29 FIXED 6.5		636	660
	FED HM LN PC POOL C80402 FG 04/26 FIXED 8		452	453
	FED HM LN PC POOL G00819 FG 11/27 FIXED 7.5		177	177
	FED HM LN PC POOL G01443 FG 08/32 FIXED 6.5		1,369	1,389
	FED HM LN PC POOL Q35742 FG 08/45 FIXED 3.5		29,085	25,825
	FED HM LN PC POOL Q36889 FG 08/45 FIXED 3.5		10,505	9,317
	FED HM LN PC POOL Q45878 FG 12/46 FIXED 3		58,303	49,884
	FED HM LN PC POOL RA2012 FR 01/50 FIXED 3.5		70,696	61,365
	FED HM LN PC POOL ZT1955 FR 05/49 FIXED 3		71,038	60,866
	FISERV INC SR UNSECURED 03/33 5.6		42,921	43,354
	FNMA POOL 250550 FN 05/26 FIXED 6.5		125	127
	FNMA POOL 323865 FN 07/29 FIXED VAR		822	841
	FNMA POOL 535497 FN 08/30 FIXED VAR		551	570
	FNMA POOL 592898 FN 03/28 FIXED 6.5		8,131	8,321
	FNMA POOL 725598 FN 07/34 FIXED VAR		14,169	14,263
	FNMA POOL AX1876 FN 11/44 FIXED 3.5		4,879	4,315
	FNMA POOL BF0238 FN 08/41 FIXED 4.5		58,397	55,450
	FNMA POOL BN6683 FN 06/49 FIXED 3.5		62,088	54,529
	FNMA POOL FM1572 FN 09/48 FIXED VAR		65,088	55,651
	FNMA POOL MA3670 FN 05/49 FIXED 3		43,642	37,425
	FNMA POOL MA3688 FN 06/49 FIXED 4.5		22,211	20,314
	FNMA POOL MA3777 FN 09/49 FIXED 4.5		13,342	12,155
	FORD CREDIT AUTO LEASE TRUST FORDL 2023 B C		269,030	269,241
	FORD CREDIT AUTO OWNER TRUST FORDO 2024 A A3		132,979	132,766
	FORD CREDIT AUTO OWNER TRUST/F FORDR 2018 1 C 144A		196,102	197,012
	FORD CREDIT AUTO OWNER TRUST/F FORDR 2024 1 B 144A		119,931	118,909
	FORD CREDIT FLOORPLAN MASTER O FORDF 2018 4 A		183,475	182,301
	FORTRESS CREDIT OPPORTUNITIES FCO 2022 17A A 144A		23,493	23,441
	FOX CORP SR UNSECURED 01/29 4.709		217,248	216,080
	FREDDIE MAC SCRT SCRT 2019 1 M55D		150,692	134,658
	FREDDIE MAC SLST SLST 2019 1 A2		121,437	111,775
	FREDDIE MAC SLST SLST 2019 2 A2C		221,068	196,432
	FREDDIE MAC SLST SLST 2019 3 A2C		206,133	182,429
	GENERAL MOTORS FINL CO SR UNSECURED 01/26 1.25		279,835	262,114
	GFL ENVIRONMENTAL INC SR SECURED 144A 01/31 6.75		29,000	29,585
	GLOBAL PART/GLP FINANCE COMPANY GUAR 144A 01/32 8.25		20,000	20,557
	GLOBAL PAYMENTS INC SR UNSECURED 08/32 5.4		108,284	107,779
	GLP CAPITAL LP / FIN II COMPANY GUAR 06/25 5.25		97,590	97,180
	GM FINANCIAL REVOLVING RECEIVA GMREV 2024 1 A 144A		149,955	149,406
	GNMA POOL 461116 GN 12/27 FIXED 7		440	438
	GNMA POOL 464820 GN 09/28 FIXED 7		535	540
	GNMA POOL 473110 GN 05/28 FIXED 6.75		1,071	1,088
	GNMA POOL 511772 GN 11/30 FIXED 8		484	480
	GOLDENTREE LOAN MANAGEMENT US GLM 2023 17A A 144A		275,000	276,487
	GOLDMAN SACHS GROUP INC SR UNSECURED 04/29 VAR		239,675	232,466
	GOLDMAN SACHS GROUP INC SR UNSECURED 08/28 VAR		192,000	187,644
	GREAT AMERICA LEASING RECEIVAB GALC 2023 1 A4 144A		59,873	59,646
	GS MORTGAGE SECURITIES TRUST GSMS 2019 GC39 A3		197,987	168,265

Dental Benefit Fund of the Electrical Industry

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
June 30, 2024

Employer Identification Number: 11-2585905
Plan Number: 507

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	HEALTHCARE RLTY HLDGS LP COMPANY GUAR 02/30 3.1		\$ 199,631	\$ 174,888
	HERC HOLDINGS INC COMPANY GUAR 144A 06/29 6.625		68,000	68,953
	HESS MIDSTREAM OPERATION COMPANY GUAR 144A 06/29 6.5		24,000	24,330
	HONOLULU CITY CNTY HI WSTWTR HONUTL 07/27 FIXED 2.495		25,000	23,333
	HOWARD MIDSTREAM ENERGY SR UNSECURED 144A 07/28 8.875		102,162	105,813
	HSBC HOLDINGS PLC SR UNSECURED 05/30 VAR		214,037	186,956
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 A A3		108,977	108,599
	IMPERIAL FUND LLC IMPRL 2023 NQM1 A1 144A		126,003	124,934
	INVESCO CLO LTD INVCO 2023 3A A 144A		290,000	291,353
	IVY HILL MIDDLE MARKET CREDIT IVYH 21A A 144A		285,000	286,557
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 01/32 3.625		198,455	172,656
	JOHN DEERE OWNER TRUST JDOT 2024 A A3		53,997	53,787
	JP MORGAN MORTGAGE TRUST JPMMT 2024 CES1 A1B 144A		141,630	141,086
	JPMORGAN CHASE + CO SR UNSECURED 12/29 VAR		400,749	368,912
	KITE REALTY GROUP LP SR UNSECURED 10/26 4		31,029	31,923
	KYNDRYL HOLDINGS INC SR UNSECURED 10/26 2.05		36,089	36,888
	LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5		137,769	138,350
	M+T BANK AUTO RECEIVABLES TRUS MTBAT 2024 1A A3 144A		99,977	99,897
	MASSACHUSETTS ST SCH BLDG AUTH MASEDU 10/27 FIXED 2.436		90,000	83,772
	MEDLINE BORROWER LP SR SECURED 144A 04/29 3.875		100,000	92,091
	MURPHY OIL USA INC COMPANY GUAR 144A 02/31 3.75		105,097	92,461
	NASDAQ INC SR UNSECURED 06/28 5.35		45,927	46,418
	NEW ECONOMY ASSETS PHASE 1 ISS USRE 2021 1 A1 144A		363,740	329,662
	NEW YORK MORTGAGE TRUST NYMT 2024 BPL2 A1 144A		99,998	100,364
	NGPL PIPECO LLC SR UNSECURED 144A 07/31 3.25		41,557	40,981
	NISOURCE INC SR UNSECURED 03/28 5.25		15,980	15,983
	NRG ENERGY INC COMPANY GUAR 144A 02/29 3.375		100,941	88,956
	NXP BV/NXP FDG/NXP USA COMPANY GUAR 06/29 4.3		337,545	335,864
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/28 6.375		139,818	139,300
	ONEOK INC COMPANY GUAR 11/32 6.1		44,969	46,509
	OSCAR US FUNDING TRUST OSCAR 2019 2A A4 144A		18,793	18,553
	OSCAR US FUNDING TRUST OSCAR 2021 1A A4 144A		200,370	193,805
	PARKLAND CORP COMPANY GUAR 144A 10/29 4.5		96,532	100,684
	PHILIP MORRIS INTL INC SR UNSECURED 05/30 2.1		168,056	173,606
	PHILIP MORRIS INTL INC SR UNSECURED 11/29 5.625		30,980	31,662
	PNC FINANCIAL SERVICES SR UNSECURED 01/28 VAR		213,000	212,706
	PROGRESS RESIDENTIAL TRUST PROG 2021 SFR2 B 144A		383,645	387,452
	PROLOGIS LP SR UNSECURED 04/30 2.25		35,863	30,968
	PROLOGIS TARGETED US COMPANY GUAR 144A 04/29 5.25		97,520	98,066
	REEDY CREEK FL IMPT DIST REEGEN 06/32 FIXED 2.397		55,000	46,367
	REEDY CREEK FL IMPT DIST REEGEN 06/33 FIXED 2.447		55,000	45,439
	REEDY CREEK FL IMPT DIST REEGEN 06/34 FIXED 2.497		45,000	36,468
	REXFORD INDUSTRIAL REALT COMPANY GUAR 09/31 2.15		103,352	99,704
	ROYAL CARIBBEAN CRUISES SR UNSECURED 144A 03/32 6.25		107,461	107,899
	ROYALTY PHARMA PLC COMPANY GUAR 09/31 2.15		241,980	196,382
	SANTANDER DRIVE AUTO RECEIVABL SDART 2022 5 A3		6,923	6,916
	SANTANDER HOLDINGS USA SR UNSECURED 03/29 VAR		41,000	41,761
	SBA TOWER TRUST ASSET BACKED 144A 05/51 1.631		420,000	381,483
	SBA TOWER TRUST ASSET BACKED 144A 07/50 1.884		100,000	94,044
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR		191,829	192,926
	SCF EQUIPMENT TRUST LLC SCFET 2022 1A A3 144A		113,453	111,791
	SEALED AIR/SEALED AIR US COMPANY GUAR 144A 02/28 6.125		10,000	9,976
	SFS AUTO RECEIVABLES SECURITIZ SFAST 2023 1A A2A 144A		35,567	35,601
	SHERWIN WILLIAMS CO SR UNSECURED 05/30 2.3		116,418	107,234
	SIERRA RECEIVABLES FUNDING CO SRFC 2023 2A A 144A		99,920	99,116
	SMYRNA READY MIX CONCRET SR SECURED 144A 11/28 6		84,133	85,973
	SPRINT SPECTRUM / SPEC I SR SECURED 144A 03/25 4.738		37,500	37,265
	STATE STREET CORP JR SUBORDINA 12/99 VAR		89,000	89,530
	STELLANTIS FIN US INC COMPANY GUAR 144A 01/27 1.711		183,635	182,244
	STELLANTIS FIN US INC COMPANY GUAR 144A 09/31 2.691		200,000	165,322
	STERIS PLC COMPANY GUAR 03/31 2.7		128,819	127,719
	SUZANO AUSTRIA GMBH COMPANY GUAR 01/31 3.75		143,526	143,761
	SYMPHONY CLO LTD SYMP 2023 38A A 144A		249,886	251,757
	T MOBILE USA INC COMPANY GUAR 03/28 4.95		28,956	28,807
	TARGA RESOURCES PARTNERS COMPANY GUAR 02/31 4.875		87,382	88,745
	TARGA RESOURCES PARTNERS COMPANY GUAR 03/30 5.5		209,026	209,704
	TESLA AUTO LEASE TRUST TESLA 2024 A A3 144A		74,991	74,804

Dental Benefit Fund of the Electrical Industry

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
June 30, 2024

Employer Identification Number: 11-2585905
Plan Number: 507

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15		\$ 145,496	\$ 145,474
	TRANSDIGM INC SR SECURED 144A 08/28 6.75		31,000	31,379
	TRUIST FINANCIAL CORP SR UNSECURED 03/27 VAR		86,140	86,484
	TRUIST FINANCIAL CORP SR UNSECURED 06/27 VAR		104,945	104,728
	TRUIST FINANCIAL CORP SR UNSECURED 06/34 VAR		24,000	24,182
	UBS GROUP AG SR UNSECURED 144A 07/26 VAR		251,504	251,210
	UNITED AIR 2023 1 A PTT PASS THRU CE 07/37 5.8		82,000	83,243
	UNIVISION COMMUNICATIONS SR SECURED 144A 08/28 8		4,000	3,901
	US 2YR NOTE (CBT) SEP24 XCBT 20240930		-	33,430
	US 5YR NOTE (CBT) SEP24 XCBT 20240930		-	133
	US BANCORP SR UNSECURED 02/29 VAR		156,531	156,558
	US TREASURY N/B 02/29 4.25		3,028,148	3,064,180
	US TREASURY N/B 02/30 4		216,621	216,020
	US TREASURY N/B 03/25 1.75		361,617	361,057
	US TREASURY N/B 03/29 4.125		116,812	117,786
	US TREASURY N/B 05/25 4.25		290,476	290,553
	US TREASURY N/B 08/25 5		2,772,303	2,774,834
	US TREASURY N/B 09/26 0.875		1,736,375	1,739,462
	VANGUARD SHORT TERM BOND INDEX VANGUARD S/T BND INDX INST		3,046,396	2,941,779
	VANTAGE DATA CENTERS LLC VDC 2021 1A A2 144A		133,245	137,819
	VIATRIS INC COMPANY GUAR 06/30 2.7		172,253	144,288
	VICI PROPERTIES / NOTE COMPANY GUAR 144A 02/29 3.875		94,680	92,432
	VOLKSWAGEN AUTO LEASE TRUST VWALT 2024 A A3		67,995	67,925
	WELLS FARGO + COMPANY JR SUBORDINA 12/99 VAR		206,886	229,663
	WELLS FARGO + COMPANY SR UNSECURED 04/31 VAR		333,452	282,430
	WELLS FARGO COMMERCIAL MORTGAG WFCM 2014 LC18 A4		142,406	136,864
	WELLS FARGO COMMERCIAL MORTGAG WFCM 2018 C43 A3		35,206	31,140
	WELLS FARGO COMMERCIAL MORTGAG WFCM 2020 C56 A5		102,623	84,853
	WESTERN MIDSTREAM OPERAT SR UNSECURED 01/29 6.35		104,999	106,234
	WESTLAKE AUTOMOBILE RECEIVABLE WLAKE 2024 1A B 144A		215,999	215,103
	WILLIAMS SCOTSMAN INC SR SECURED 144A 06/29 6.625		67,124	67,530
	WISCONSIN ST GEN FUND ANNUAL A WISGEN 05/27 FIXED 2.196		115,000	106,711
	WOODWARD CAPITAL MANAGEMENT RCKT 2024 CES2 A1B 144A		83,722	83,570
	YARA INTERNATIONAL ASA SR UNSECURED 144A 06/30 3.148		60,000	52,415
	Total investments		\$ 50,051,063	\$ 64,779,674

Dental Benefit Fund of the Electrical Industry

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended June 30, 2024**

Employer Identification Number: 11-2585905

Plan Number: 507

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	\$ 7,764,194	\$ -	\$ 7,764,194	\$ 7,764,194	\$ -
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	-	7,881,166	7,881,166	7,881,166	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	54,400,266	-	54,400,266	54,400,266	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	51,849,086	51,849,086	51,849,086	-
LONGVIEW BROAD MARKET 3000 INDEX FUND	-	11,600,000	6,306,106	11,600,000	5,293,894
UNITED STATES TREASURY FRN 1.000% 04/30/2024 VAR	4,432,338	-	4,432,338	4,432,338	-
UNITED STATES TREASURY FRN 1.000% 04/30/2024 VAR	-	5,806,755	5,806,971	5,806,755	(216)
UNITED STATES TREASURY NOTE 2.000% 02/15/2025	6,400,540	-	6,400,540	6,400,540	-
UNITED STATES TREASURY NOTE 2.000% 02/15/2025	-	6,413,756	6,419,001	6,413,756	(5,245)
UNITED STATES TREASURY NOTE 4.625% 02/15/2026	5,297,165	-	5,297,165	5,297,165	-
UNITED STATES TREASURY NOTE 4.625% 02/15/2026	-	5,293,937	5,298,050	5,293,937	(4,113)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024


- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY	1b Three-digit plan number (PN) ▶	507
	1c Effective date of plan	06/12/1980
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF DENTAL BENEFIT FUND OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING NY 11365	2b Employer Identification Number (EIN)	11-2585905
	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.

SIGN HERE		<u>4-4-25</u>	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

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

Plan Name: Dental Benefit Fund of the Electrical Industry

Plan Sponsor's Name: Board of Trustees of the Dental Benefit Fund of the Electrical Industry

EIN: 11-2585905

PN: 507

Plan Year End: 6/30/2024

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: Dental Benefit Fund of the Electrical Industry

Plan Sponsor's Name: Board of Trustees of the Dental Benefit Fund of the Electrical Industry

EIN: 11-2585905

PN: 507

Plan Year End: 6/30/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.