

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE ELECTRICAL INDUSTRY GROUP LIFE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY GROUP LIFE FUND</u></p> <p><u>158-11 HARRY VAN ARSDALE JR. AVENUE</u> <u>FLUSHING, NY 11365</u></p>	<p>1c Effective date of plan <u>02/27/1958</u></p> <p>2b Employer Identification Number (EIN) <u>13-1884504</u></p> <p>2c Plan Sponsor's telephone number <u>718-591-2000</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/03/2025	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY</p> <p>158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365</p>	<p>3b Administrator's EIN 13-0891035</p> <p>3c Administrator's telephone number 718-591-2000</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	195
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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	6a(1)	195
a(2) Total number of active participants at the end of the plan year	6a(2)	196
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	196
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4B 4L

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 **09/01/2023** and ending **08/31/2024**

A Name of plan THE ELECTRICAL INDUSTRY GROUP LIFE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY GROUP LIFE FUND		D Employer Identification Number (EIN) 13-1884504

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	62057	000403008613	196	01/01/2023	12/31/2023

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 1543	(b) Total amount of fees paid 1977
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1543	566	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC
1787 SENTRY PWY W VEVA 16 #320
BLUE BELL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1411	OVERRIDES, BROKER BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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	14158
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p>A Name of plan THE ELECTRICAL INDUSTRY GROUP LIFE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY GROUP LIFE FUND</p>	<p>D Employer Identification Number (EIN) 13-1884504</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	62057	000010226325	196	01/01/2023	12/31/2023

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.

<p>(a) Total amount of commissions paid 3836</p>	<p>(b) Total amount of fees paid 16381</p>
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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
EMERSON ROGERS LLC **1787 SENTRY PWY W VEVA 16 #320**
BLUE BELL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	11678	OVERRIDES, BROKER BONUS	3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3836	4703	FEES	3

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

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

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

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

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

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

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

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

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

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

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.
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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. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	117563
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 **09/01/2023** and ending **08/31/2024**

A Name of plan THE ELECTRICAL INDUSTRY GROUP LIFE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY GROUP LIFE FUND	D Employer Identification Number (EIN) 13-1884504	

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

THE VANGUARD GROUP **PO BOX 1110**
VALLEY FORGE, PA 19482-1110

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

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

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

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

JOINT INDUSTRY BOARD

13-0891035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	77025	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)

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	6025	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	810	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 type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan THE ELECTRICAL INDUSTRY GROUP LIFE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY GROUP LIFE FUND	D Employer Identification Number (EIN) 13-1884504

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	57042	28377
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2394
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	26347	38923
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8306	11069
(2) U.S. Government securities	1c(2)	373233	335522
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	265553	282068
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	190289	193686
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	55809	43197

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	976579	935236
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17405	57622
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17405	57622
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	959174	877614

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)	91399	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		91399
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	258	
(B) U.S. Government securities	2b(1)(B)	15732	
(C) Corporate debt instruments	2b(1)(C)	12161	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	685	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28836
(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)	5339	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		5339
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1578683	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1578741	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-58
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13455	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		38058
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		177029

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	146914	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		146914
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)	77025	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8171	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	26479	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		111675
j Total expenses. Add all expense amounts in column (b) and enter total	2j		258589

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-81560
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 _____.

The Electrical Industry Group Life Fund

Financial Report and Supplementary Information
August 31, 2024

Contents

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Independent Auditor's Report

Board of Trustees
The Electrical Industry Group Life Fund

Opinion

We have audited the financial statements of The Electrical Industry Group Life Fund (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 as of August 31, 2024 and 2023, the related statements of changes in net assets available for benefits 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 of the Fund as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 August 31, 2024, and schedule of reportable transactions for the year ended August 31, 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
June 5, 2025

The Electrical Industry Group Life Fund

Statements of Net Assets Available for Benefits

August 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value:		
Investments	\$ 847,828	\$ 891,217
Collateral for securities loaned	17,714	1,973
Total investments, at fair value	865,542	893,190
Cash	28,377	57,042
Due from broker for pending securities sold	4,869	-
Contributions receivable from employers	2,394	-
Due from the Joint Industry Board	5,688	8,187
Accrued interest receivable	7,278	3,127
Unrelated business income taxes receivable	21,088	15,033
Total assets	935,236	976,579
Liabilities		
Collateral payable	17,714	1,973
Deferred unrelated business income tax liability	38,500	15,132
Other payables	1,408	300
Total liabilities	57,622	17,405
Net assets available for benefits	\$ 877,614	\$ 959,174

See notes to financial statements.

The Electrical Industry Group Life Fund

Statements of Changes in Net Assets Available for Benefits Years Ended August 31, 2024 and 2023

	2024	2023
Additions:		
Employers' contributions	\$ 91,399	\$ 87,893
Interest and dividends	34,175	33,665
Net appreciation (depreciation) in the fair value of investments	51,455	(1,950)
Total additions	177,029	119,608
Deductions:		
Premiums paid to insurance company	146,914	146,296
Administrative and record-keeping expenses, including \$77,025 in fiscal 2024, and \$78,026 in fiscal 2023 charged by The Joint Industry Board of the Electrical Industry	77,191	78,188
Unrelated business income taxes	26,313	32,543
Investment management and custodian fees	8,171	1,192
Total deductions	258,589	258,219
Net decrease in net assets available for benefits	(81,560)	(138,611)
Net assets available for benefits:		
Beginning	959,174	1,097,785
Ending	\$ 877,614	\$ 959,174

See notes to financial statements.

The Electrical Industry Group Life Fund

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: The Electrical Industry Group Life Fund (the Fund) was established pursuant to an Agreement and Declaration of Trust (the Agreement) dated February 27, 1958. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Fund, which is administered by The Joint Industry Board of the Electrical Industry (JIB), has as its principal activities the collection and investment of premiums received from electrical contractors and participating employers for the purpose of providing group term life insurance coverage for their eligible employees, including officers, partners or sole owners of firms (eligible participants) as set forth in the rules and regulations of the Agreement. This insurance coverage is provided under a fully insured group policy purchased by the Fund.

The foregoing description of the Fund provides only general information. Participants should refer to the Fund document for a more complete description of the Fund's benefit provisions. Copies of this document are available from the Fund's 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, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash: The Fund maintains its cash in a bank deposit account 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: The Fund's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 2 for further discussion of fair value measurements.

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

Employer contributions and related receivables: Contributions are recorded as revenue in the year billed to the employers. Contributions receivable are reported at their outstanding balances and are composed of balances due from the employers. The Fund deems all receivables collectible and expects to collect these receivables within one year.

Premium payments: The Fund recognizes premiums paid to the insurance company to provide death benefits when paid.

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.

The Electrical Industry Group Life Fund

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

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

Unrelated business income taxes: The Fund incurs unrelated business income taxes (UBIT) on investment income related to balances that exceed currently payable liabilities at year-end. The Fund makes estimated UBIT payments throughout the year and at year-end calculates the annual UBIT expense and adjusts appropriately. Deferred taxes are provided at the current rate of tax (approximately 37%) on unrealized gains on investments.

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 the applicable law.

Benefit obligations: Death benefits are covered by a fully insured agreement with Lincoln Financial Group. It is the present intention of the Fund to continue obtaining this coverage for benefits. As benefits are fully insured and no premiums payable, the Fund has no benefit obligations at August 31, 2024 or 2023.

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 June 5, 2025, for these financial statements.

Note 2. Fair Value Measurements

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

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

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

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

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

The Electrical Industry Group Life Fund

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

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 August 31, 2024 and 2023.

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.

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 (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price, which constitutes an active market.

Liquid reserves fund and securities lending trust: 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.

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.

Type of Security	Investments as of August 31, 2024			
	Level 1	Level 2	Level 3	Total
Asset backed securities	\$ -	\$ 15,613	\$ -	\$ 15,613
Corporate bonds	-	282,068	-	282,068
Federal agency obligations	-	13,781	-	13,781
Government securities	-	330,414	-	330,414
Mortgage securities	-	18,911	-	18,911
Mutual fund	193,686	-	-	193,686
Total assets in the fair value hierarchy	\$ 193,686	\$ 660,787	\$ -	854,473
Investments measured at NAV (a)				11,069
Total investments at fair value				\$ 865,542

The Electrical Industry Group Life Fund

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

Type of Security	Investments as of August 31, 2023			
	Level 1	Level 2	Level 3	Total
Asset backed securities	\$ -	\$ 15,330	\$ -	\$ 15,330
Corporate bonds	-	265,552	-	265,552
Federal agency obligations	-	203,369	-	203,369
Government securities	-	178,970	-	178,970
Mortgage securities	-	31,374	-	31,374
Mutual fund	190,289	-	-	190,289
Total assets in the fair value hierarchy	<u>\$ 190,289</u>	<u>\$ 694,595</u>	<u>\$ -</u>	<u>884,884</u>
Investments measured at NAV (a)				<u>8,306</u>
Total investments at fair value				<u>\$ 893,190</u>

- (a) In accordance with the guidance by FASB Accounting Standards Update 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 this table are intended to permit reconciliation of the fair value hierarchy to the line items presented 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 August 31, 2024 and 2023:

Investment	2024	2023	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	Fair Value	Fair Value			
State Street Institutional Liquid Reserve Fund (b)	\$ 2,029	\$ 6,333	-	Daily	None
State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (c)	9,040	1,973	-	Daily	None
	<u>\$11,069</u>	<u>\$ 8,306</u>			

- (b) 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.
- (c) 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.

The Electrical Industry Group Life Fund

Notes to Financial Statements

Note 3. Securities Lending

The Plan has an agreement with its custodian, State Street Bank and Trust Company, to allow it to lend the Plan's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian will obtain cash and non-cash collateral of 102% of the fair value of the loaned securities in accordance with the terms of the contract with the Plan's custodian and the Plan to secure the loaned securities. The non-cash collateral consists of government securities which are classified as Level 2 in the fair value hierarchy. The non-cash collateral for securities loaned at August 31, 2024 and 2023, was \$8,674 and \$0, respectively. The cash collateral obtained is invested in a privately offered commingled cash collateral fund. The cash collateral for securities loaned at August 31, 2024 and 2023, was \$9,040 and \$1,973, respectively, and is measured at NAV per share as provided by the issuer. The cash and noncash collateral may not be sold or re-pledged by the Fund. The total fair value of all outstanding securities loaned, which are fully collateralized, at August 31, 2024 and 2023, was approximately \$17,350 and \$1,900, respectively.

Note 4. Risks and Uncertainties

Contributions from one participating employer, JIB, account for approximately 42% and 31% of total employer contributions collected for the years ended August 31, 2024 and 2023, respectively. In the event this participating employer were to suspend participation in the Fund, the Fund would retain the risk of potentially paying higher negotiated premiums due to decreased group participation.

Investments in any single corporate issue, other than U.S. government and agency issues, U.S. government instruments and agency mortgage-backed securities, are typically limited to no more than 5% of the portfolio. The 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.

Note 5. Tax Status

The trust established under the Fund has received an exemption letter from the Internal Revenue Service dated December 16, 1994, 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 Fund, except to the extent that any unrelated business taxable income is not set aside for the exempt purposes of the Fund. All such set asides have been made for the fiscal years ended August 31, 2024 and 2023. The Fund and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. JIB, as 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 6. Related-Party and Party-in-Interest Transactions

The Fund invests in short-term investment funds managed by State Street Bank and Trust Company, the Fund's custodian. 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 and 3, 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.

The Electrical Industry Group Life Fund

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
August 31, 2024

Employer Identification Number: 13-1884504
Plan Number: 501

(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
	*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$	9,040	\$ 9,040
	*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		2,029	2,029
	AEP TEXAS INC SR UNSECURED 05/29 5.45		2,999	3,106
	AGREE LP COMPANY GUAR 06/28 2		4,443	4,529
	ALEXANDRIA REAL ESTATE E COMPANY GUAR 01/26 4.3		4,979	4,966
	ALLY AUTO RECEIVABLES TRUST ALLYA 2024 1 A3		1,000	1,008
	AMAZON.COM INC SR UNSECURED 08/27 3.15		14,497	14,634
	APPLE INC SR UNSECURED 08/25 0.55		14,495	14,446
	BANK OF AMERICA CORP SR UNSECURED 04/28 VAR		4,791	4,887
	BOEING CO SR UNSECURED 02/27 2.7		4,726	4,740
	BOEING CO SR UNSECURED 05/25 4.875		4,989	4,979
	BRIXMOR OPERATING PART SR UNSECURED 02/25 3.85		1,980	1,985
	CARVANA AUTO RECEIVABLES TRUST CRVNA 2021 P4 A3		2,058	2,023
	CITIGROUP INC SR UNSECURED 03/26 VAR		9,785	9,897
	CITIGROUP INC SR UNSECURED 05/26 3.4		4,896	4,908
	CNH EQUIPMENT TRUST CNH 2021 A A3		454	451
	COMCAST CORP COMPANY GUAR 10/25 3.95		9,935	9,920
	CSAIL COMMERCIAL MORTGAGE TRUS CSAIL 2017 CX10 A4		10,426	9,587
	CSX CORP SR UNSECURED 11/25 3.35		5,002	4,927
	DIAMONDBACK ENERGY INC COMPANY GUAR 01/30 5.15		2,995	3,067
	DOMINION ENERGY INC SR UNSECURED 08/26 2.85		9,870	9,672
	DUKE ENERGY CAROLINAS 1ST REF MORT 12/26 2.95		5,007	4,853
	DUKE ENERGY CORP SR UNSECURED 09/26 2.65		9,616	9,647
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/26 3.7		4,928	4,948
	EPR PROPERTIES COMPANY GUAR 04/25 4.5		1,980	1,984
	EXETER AUTOMOBILE RECEIVABLES EART 2024 3A C		1,000	1,017
	EXTRA SPACE STORAGE LP COMPANY GUAR 04/28 5.7		1,997	2,065
	EXTRA SPACE STORAGE LP COMPANY GUAR 07/26 3.5		4,830	4,901
	FANNIE MAE FNR 1997 46 PL		116	116
	FED HM LN PC POOL C01095 FG 11/30 FIXED 7		6	6
	FED HM LN PC POOL C01345 FG 04/32 FIXED 7		51	53
	FED HM LN PC POOL C01385 FG 08/32 FIXED 6.5		149	154
	FED HM LN PC POOL C25584 FG 04/29 FIXED 6.5		66	69
	FED HM LN PC POOL C80402 FG 04/26 FIXED 8		55	55
	FED HM LN PC POOL G01443 FG 08/32 FIXED 6.5		67	70
	FED HM LN PC POOL G16618 FG 01/30 FIXED 2.5		791	760
	FED HM LN PC POOL ZT1333 FR 10/31 FIXED 2.5		1,443	1,367
	FEDEX CORP COMPANY GUAR 04/26 3.25		9,804	9,797
	FNMA POOL 535497 FN 08/30 FIXED VAR		23	25
	FNMA POOL AZ9987 FN 11/30 FIXED 3		4,166	3,983
	FNMA POOL BC3671 FN 02/31 FIXED 3		657	625
	FNMA POOL BK9902 FN 09/48 FIXED 4.5		1,159	1,101
	FNMA POOL BM1246 FN 11/31 FIXED VAR		829	790
	FNMA POOL BM2003 FN 10/47 FIXED VAR		654	600
	FNMA POOL BM4703 FN 02/48 FIXED VAR		1,644	1,488
	FNMA POOL BN7677 FN 08/49 FIXED 4		886	818
	FNMA POOL CA4030 FN 08/49 FIXED 4		732	673
	FNMA POOL FM1496 FN 09/49 FIXED VAR		1,182	1,071
	FREDDIE MAC SLST SLST 2019 2 A2C		5,023	4,611
	FREDDIE MAC SLST SLST 2019 3 A2C		5,027	4,598
	GNMA POOL 464820 GN 09/28 FIXED 7		72	73
	GOLDMAN SACHS GROUP INC SR UNSECURED 08/28 VAR		9,833	9,977
	GOLDMAN SACHS GROUP INC SR UNSECURED 11/26 3.5		4,859	4,889
	HEALTHCARE RLTY HLDGS LP COMPANY GUAR 08/26 3.5		4,842	4,885
	HYUNDAI AUTO RECEIVABLES TRUST HART 2022 C A4		3,000	3,049
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 A A3		2,000	2,024
	INTERCONTINENTALEXCHANGE COMPANY GUAR 12/25 3.75		4,960	4,948
	JOHN DEERE OWNER TRUST JDOT 2024 A A3		1,000	1,012
	JPMORGAN CHASE + CO SR UNSECURED 01/25 3.125		5,040	4,961
	JPMORGAN CHASE + CO SR UNSECURED 01/30 VAR		4,000	4,069

* Denotes a party-in-interest as defined by ERISA.

The Electrical Industry Group Life Fund

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
August 31, 2024

Employer Identification Number: 13-1884504
Plan Number: 501

(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
	KEURIG DR PEPPER INC COMPANY GUAR	09/26 2.55	\$ 9,584	\$ 9,621
	KROGER CO SR UNSECURED	09/29 4.65	2,997	3,000
	LAS VEGAS SANDS CORP SR UNSECURED	06/27 5.9	4,000	4,083
	LAS VEGAS SANDS CORP SR UNSECURED	08/26 3.5	4,771	4,856
	MICROSOFT CORP SR UNSECURED	02/27 3.3	5,279	4,922
	MORGAN STANLEY SR UNSECURED	01/26 3.875	4,934	4,947
	MPLX LP SR UNSECURED	03/26 1.75	9,521	9,561
	NETFLIX INC SR UNSECURED	11/28 5.875	1,997	2,117
	NNN REIT INC SR UNSECURED	11/25 4	4,999	4,947
	OCCIDENTAL PETROLEUM COR SR UNSECURED	09/28 6.375	5,171	5,245
	PAYPAL HOLDINGS INC SR UNSECURED	10/26 2.65	4,996	4,831
	PNC FINANCIAL SERVICES SR UNSECURED	01/28 VAR	2,000	2,035
	REALTY INCOME CORP SR UNSECURED	03/28 2.1	4,980	4,605
	RTX CORP SR UNSECURED	08/25 3.95	4,967	4,957
	SANTANDER HOLDINGS USA SR UNSECURED	03/29 VAR	2,000	2,085
	TORONTO DOMINION BANK SR UNSECURED	07/26 5.532	3,000	3,056
	TOYOTA AUTO RECEIVABLES OWNER TAOT	2022 D A3	5,000	5,028
	TRUIST FINANCIAL CORP SR UNSECURED	10/24 2.85	5,000	4,978
	UNITEDHEALTH GROUP INC SR UNSECURED	03/26 3.1	14,729	14,732
	US TREASURY N/B	02/30 4	9,817	10,112
	US TREASURY N/B	03/29 4.125	204,161	210,266
	US TREASURY N/B	09/26 0.875	33,313	33,851
	US TREASURY N/B	10/26 4.625	2,030	2,029
	US TREASURY N/B	11/25 4.875	65,349	65,482
	USTR 4 5/8 BOND	40	115	115
	USTR 0 7/8 NOTE	AA 26	1,046	1,046
	USTR 2 7/8 NOTE	C 32	377	377
	USTR 4 3/8 NOTE	AC 28	1,667	1,667
	USTR 4 3/8 NOTE	AG 28	433	433
	USTR 4 1/4 NOTE	BM 25	1,706	1,706
	USTR 4 NOTE	B 34	200	200
	USTR 4 1/8 NOTE	J 31	219	219
	USTR 4 1/8 NOTE	W 29	1,343	1,343
	USTR 4 5/8 NOTE	K 31	1,579	1,569
	VANGUARD INSTITUTIONAL INDEX F VANGUARD INST INDEX INST		89,311	193,686
	WELLS FARGO + COMPANY SR UNSECURED	02/25 3	5,041	4,953
	WELLS FARGO + COMPANY SUBORDINATED	07/27 4.3	4,995	4,981
	WP CAREY INC SR UNSECURED	02/25 4	4,978	4,968
	Total investments		\$ 756,488	\$ 865,542

The Electrical Industry Group Life Fund

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended August 31, 2024

Employer Identification Number: 13-1884504
Plan Number: 501

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transactions Date	Net Current Gain or (Loss)
Single Transactions:					
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	\$ 144,745	\$ -	\$ 144,745	\$ 144,745	\$ -
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	153,612	153,612	153,612	-
UNITED STATES TREASURY BILL .010% 10/10/2023	-	144,500	144,500	144,500	-
UNITED STATES TREASURY NOTE 4.375% 08/31/2028	-	102,201	100,869	102,201	1,332
UNITED STATES TREASURY NOTE 4.375% 11/30/2028	98,816	-	98,816	98,816	-
UNITED STATES TREASURY NOTE 4.375% 11/30/2028	-	139,228	141,090	139,228	(1,862)
UNITED STATES TREASURY NOTE 1.000% 04/30/2024	149,967	-	149,967	149,967	-
UNITED STATES TREASURY NOTE 4.250% 02/28/2029	-	56,419	56,680	56,419	(261)
UNITED STATES TREASURY NOTE 4.875% 11/30/2025	57,499	-	57,499	57,499	-
UNITED STATES TREASURY NOTE 4.125% 03/31/2029	175,136	-	175,136	175,136	-
Series Transactions:					
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$ 295,455	\$ -	\$ 295,455	\$ 295,455	\$ -
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	-	288,388	288,388	288,388	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	282,822	-	282,822	282,822	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	287,126	287,126	287,126	-
UNITED STATES TREASURY BILL .010% 10/10/2023	-	163,947	163,947	163,947	-
UNITED STATES TREASURY FRN 1.000% 04/30/2024	154,966	-	154,966	154,966	-
UNITED STATES TREASURY FRN 1.000% 04/30/2024	-	154,930	154,977	154,930	(47)
UNITED STATES TREASURY NOTE 3.625% 05/31/2028	33,800	-	33,800	33,800	-
UNITED STATES TREASURY NOTE 3.625% 05/31/2028	-	33,676	33,805	33,676	(129)
UNITED STATES TREASURY NOTE 3.875% 11/30/2029	28,977	-	28,977	28,977	-
UNITED STATES TREASURY NOTE 3.875% 11/30/2029	-	29,329	28,984	29,329	345
UNITED STATES TREASURY NOTE 4.125% 03/31/2029	209,915	-	209,915	209,915	-
UNITED STATES TREASURY NOTE 4.125% 03/31/2029	-	6,088	5,915	6,088	173
UNITED STATES TREASURY NOTE 4.250% 02/28/2029	58,664	-	58,664	58,664	-
UNITED STATES TREASURY NOTE 4.250% 02/28/2029	-	58,398	58,669	58,398	(271)
UNITED STATES TREASURY NOTE 4.375% 08/31/2028	103,816	-	103,816	103,816	-
UNITED STATES TREASURY NOTE 4.375% 08/31/2028	-	105,174	103,843	105,174	1,331
UNITED STATES TREASURY NOTE 4.375% 11/30/2028	210,805	-	210,805	210,805	-
UNITED STATES TREASURY NOTE 4.375% 11/30/2028	-	208,757	210,680	208,757	(1,923)
UNITED STATES TREASURY NOTE 4.875% 11/30/2025	200,627	-	200,627	200,627	-
UNITED STATES TREASURY NOTE 4.875% 11/30/2025	-	134,151	134,932	134,151	(781)
UNITED STATES TREASURY NOTE 5.000% 08/31/2025	36,937	-	36,937	36,937	-
UNITED STATES TREASURY NOTE 5.000% 08/31/2025	-	37,304	36,944	37,304	360

* Denotes a party-in-interest as defined by ERISA.

Multiple Employer Plan Participating Employer Information		
For the plan year beginning 09/01/2023 and ending 8/31/2024		
Name of Plan: The Electrical Industry Group Life Fund		PN: 501
Sponsor Name: Board of Trustees of the Electrical Industry Group Life Fund		EIN: 13-1884504
<u>Name of Participating Employer</u>	<u>EIN</u>	<u>Percent of Total Contributions</u>
ABSOLUTE ELEC CONT OF NY	26-2808268	1.14%
ALBIN GUSTAFSON CO	13-0421380	0.84%
ALDONA FIRE PROTECTION	11-3203405	0.00%
ALL BRIGHT ELECTRIC	13-3187177	1.39%
ASSOC OF ELECL CONTR	13-3653494	0.00%
ATJ ELECTRICAL CO INC	11-2613296	1.39%
ATLAS-ACON ELEC SERV	11-2215064	0.44%
AURORA ELECTRIC INC	11-3271387	0.19%
BERRY-ROCHI INC	11-1851156	0.04%
BIGMAN BROTHERS	11-1738313	1.52%
CAPITOL ELECTRIC CORP	77-0700115	1.05%
CHAPMAN & CHAPMAN	11-3227344	0.67%
CLASSIC SYSTEMS INC	11-3372194	0.14%
CLIFTON ELEV	22-2248951	0.00%
COMMERCIAL ELECL CONTRS	11-2829750	0.52%
D&D ELECTRIC ENTERPRISES	13-3216655	0.00%
DOME ELECTRIC & COMM	83-2424022	1.03%
DOME INDUSTRIES	26-3088485	0.00%
DOOLEY ELECTRIC	13-5570028	0.00%
EJ ELECTRIC	13-5672226	0.64%
ELDOR ELECTRIC LLC	16-1702711	0.57%
ELEMCO SERVICES INC	27-2538432	0.00%
ELTECH IND INC	11-2789590	0.00%
EMANON ELECTRIC INC.	11-3599768	1.05%
FOREST ELECTRIC CORP	13-2931692	2.26%
FRAN-CO ELECTRICAL SUPPLY	27-1093344	0.20%
FRED GELLER ELECL INC	13-2841448	1.71%
FRESH MEADOW ELECTRICAL	20-4510793	0.00%
G & FAST ELECTRIC INC	11-2711072	0.07%
GMA ELECTRICAL CORP	13-3726267	0.57%
GOING SERV CO INC	11-1959415	0.57%
GSH ELECTRIC INC	13-3538654	0.62%
G-SQUARED ELECTRIC	27-5443430	0.36%
H&L ELECTRIC INC	22-2979779	4.45%
HARLEY ELECTRIC	13-2686867	1.00%
HATZEL & BUEHLER INC	13-0828930	3.03%
HELLMAN ELECTRIC	13-2944469	4.88%
IDL COMMUNICATIONS & ELEC	11-3637659	0.57%
JAMES F VOLPE	11-2443580	2.04%
JG ELECL INSTALL INC	13-3622889	0.97%
JOHNSON BROS	11-2040130	0.00%
JOINT IND BD EL IND	13-0891035	39.69%
KLEINBERG ELECT	13-2981588	0.57%

KND ELEC & CONTRG SVC	11-3419637	1.78%
KNIGHT ELECL SERVICES	13-1915265	1.92%
KONSKER ELECTRIC	11-2512120	0.64%
LEVEST ELECTRIC	13-2766629	1.43%
LEVINSON & SANTORO ELEC	22-2281888	0.97%
LOWY & DONNATH	13-5674422	1.96%
MANHATTAN NEON SIGN	13-3225358	0.02%
MIDTOWN ELECL SUPPLY	13-1985891	0.00%
MILAD CONT CORP ELEC	11-2675211	2.27%
MORALES ELECL CONTRG	11-3017079	0.55%
NORTHGATE EQUITIES	11-2308077	0.62%
NY ELECL CONT ASSOC	53-0115267	2.46%
OH&M ELECL CORP	11-2805993	0.32%
PE STONE	13-3101886	0.70%
PINTO & TEGER ELEC CORP	11-3290978	0.46%
RDS INDUSTRIES INC	11-2954726	0.02%
RIGID ELECTRIC INC	11-3400240	0.57%
ROBERT B SAMUELS INC	13-1565853	0.00%
ROCCO J RUSSO LTD	13-2911734	0.27%
ROCKMOR ELE ENT INC	11-2022128	2.07%
S J ELECTRIC INC	11-3255083	1.14%
SAMUELS DATACOM LLC	82-0563259	0.38%
SCHLESINGER HERBERT	13-3496760	0.27%
STAR-DELTA ELEC LLC	45-0531058	0.00%
TR RICOTTA ELEC INC	11-2761750	0.00%
TRICO ELECTRIC CORP	11-2681586	0.00%
UPTOWN ELEC INC	11-3070396	0.57%
WELSBACH ELECTRIC CORP	11-2254226	2.36%
WERNER ELECTRIC	13-2652565	0.07%
ZWICKER ELECTRIC	13-5655808	0.00%

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 09/01/2023 and ending 08/31/2024

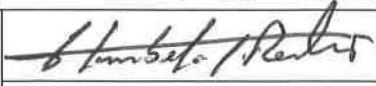
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE ELECTRICAL INDUSTRY GROUP LIFE FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan 02/27/1958	
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 THE ELECTRICAL INDUSTRY GROUP LIFE FUND 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING NY 11365	2b Employer Identification Number (EIN) 13-1884504	
	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>6-3-25</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: The Electrical Industry Group Life Fund

Plan Sponsor's Name: Board of Trustees of the Electrical Industry Group Life Fund

EIN: 13-1884504

PN: 501

Plan Year End: 8/31/2023

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: The Electrical Industry Group Life Fund

Plan Sponsor's Name: Board of Trustees of the Electrical Industry Group Life Fund

EIN: 13-1884504

PN: 501

Plan Year End: 8/31/2023

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.